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**State:** Illinois **Filing Company:** Fortress Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice  
**Product Name:** Dental Professional Liability  
**Project Name/Number:** FD-IL-R1-0113/FD-IL-R1-0113

## Filing at a Glance

Company: Fortress Insurance Company  
Product Name: Dental Professional Liability  
State: Illinois  
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence  
Sub-TOI: 11.0006 Dentists - General Practice  
Filing Type: Rate/Rule  
Date Submitted: 01/10/2013  
SERFF Tr Num: FORT-128792956  
SERFF Status: Closed-Filed  
State Tr Num: FORT-128792956  
State Status:  
Co Tr Num: FD-IL-R1-0113  
  
Effective Date: 09/01/2013  
Requested (New):  
Effective Date: 09/01/2013  
Requested (Renewal):  
Author(s): Florence Marafatsos, Erica Ames  
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean  
Disposition Date: 04/25/2013  
Disposition Status: Filed  
Effective Date (New): 09/01/2013  
Effective Date (Renewal): 09/01/2013  
  
State Filing Description:  
ROUTED 2/5/13

**State:** Illinois **Filing Company:** Fortress Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice  
**Product Name:** Dental Professional Liability  
**Project Name/Number:** FD-IL-R1-0113/FD-IL-R1-0113

## General Information

Project Name: FD-IL-R1-0113 Status of Filing in Domicile: Pending  
Project Number: FD-IL-R1-0113 Domicile Status Comments: IL is our state of domicile.  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 04/25/2013  
State Status Changed: Deemer Date:  
Created By: Erica Ames Submitted By: Erica Ames  
Corresponding Filing Tracking Number: FORT-128792955

Filing Description:  
Fortress Insurance Company  
NAIC # 10801

We are submitting our revised Rate/Rule Manual for Illinois Dental Professional Liability coverage. Our most recent Rate/Rule change was approved under filing FORT-1280835533 on June 8, 2012.

Below is a summary of the 2013 rate adjustment we will take in Illinois with an effective date of 9/1/2013.

- 6.0% base rate increase
- Class relativity for Class 2 changing from 3.0 to 4.0
- Overall Premium Level Impact for above changes is 6.1% as noted on Page 1 of the Actuarial Memorandum

The format of the Rule manual has changed and we have provided a spreadsheet showing formatting changes and also a compare of the old and revised manual.

Thank you for your review and approval of our submission.  
Sincerely,

Erica Ames  
Regulatory Analyst  
(817) 653-8832

## Company and Contact

### Filing Contact Information

Erica Ames, Regulatory Analyst  
6133 N. River Road  
Suite 650  
Rosemont, IL 60018

erica.ames@fortressins.com  
800-522-6675 [Phone] 8466 [Ext]  
847-653-8476 [FAX]

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**State:** Illinois **Filing Company:** Fortress Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice  
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### Filing Company Information

Fortress Insurance Company	CoCode: 10801	State of Domicile: Illinois
6133 N. River Road	Group Code: 508	Company Type: Property &
Suite 650	Group Name: The National Group	Casualty
Rosemont, IL 60018	FEIN Number: 36-4159841	State ID Number:
(847) 384-0062 ext. [Phone]		

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### Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

### State Specific

Refer to our checklists prior to submitting filing ([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)):  
Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Rates and Rules are being filed via SERFF

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A  
When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	04/25/2013	04/25/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	01/24/2013	01/24/2013

#### Response Letters

Responded By	Created On	Date Submitted
Erica Ames	02/01/2013	02/01/2013

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Rate Checklist	Erica Ames	04/16/2013	04/16/2013
Supporting Document	Authorization Letter	Erica Ames	01/30/2013	01/30/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
effective date - follow up	Note To Filer	Gayle Neuman	04/25/2013	04/25/2013
Effective Date	Note To Reviewer	Erica Ames	04/25/2013	04/25/2013
effective date	Note To Filer	Gayle Neuman	04/25/2013	04/25/2013
Actuarial Review Completed	Reviewer Note	Caryn Carmean	04/24/2013	

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Disposition

Disposition Date: 04/25/2013  
Effective Date (New): 09/01/2013  
Effective Date (Renewal): 09/01/2013  
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Fortress Insurance Company	23.400%	6.100%	\$58,762	607	\$963,305	%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document (revised)	Manual		Yes
Supporting Document	Manual		Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Objection Response Letter		Yes
Supporting Document	Rate Checklist		Yes
Rate (revised)	IL Rate/Rule Manual		Yes
Rate	IL Rate/Rule Manual		Yes

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**State:** Illinois **Filing Company:** Fortress Insurance Company  
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**Product Name:** Dental Professional Liability  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/24/2013
Submitted Date	01/24/2013
Respond By Date	02/07/2013

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Dear Erica Ames,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

- 1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*
- 2. Please review Company Bulletin 2011-05 for compliance regarding schedule rating plan guidelines.*
- 3. In regard to the unlimited extended reporting period, are the policy limits reinstated for the duration? Please confirm there is only one payment made for such coverage.*
- 4. The RF-3 indicates a 6.0% increase instead of a 6.1% increase. Why did the company refer to the annual premium volume from December, 2011?*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

State:	Illinois	Filing Company:	Fortress Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
Product Name:	Dental Professional Liability		
Project Name/Number:	FD-IL-R1-0113/FD-IL-R1-0113		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/01/2013
Submitted Date	02/01/2013

Dear Gayle Neuman,

**Introduction:**

Our response to your concerns is below.

**Response 1**

**Comments:**

see attached objection response letter and updated forms.

**Changed Items:**

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	Form RF-3 revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Form RF3 - (Summary Sheet)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Form RF-3.pdf</i>
<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	
<b>Attachment(s):</b>	IL new-old rule-rate locations.pdf Compare IL Rate Rule Manual revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Manual</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>IL new-old rule-rate locations.pdf</i> <i>Compare IL Rate Rule Manual.pdf</i>
<b>Satisfied - Item:</b>	Objection Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Objection Response Letter.pdf



<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	Form RF-3 revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Form RF3 - (Summary Sheet)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Form RF-3.pdf</i>
<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	
<b>Attachment(s):</b>	IL new-old rule-rate locations.pdf Compare IL Rate Rule Manual revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Manual</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>IL new-old rule-rate locations.pdf</i> <i>Compare IL Rate Rule Manual.pdf</i>
<b>Satisfied - Item:</b>	Objection Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Objection Response Letter.pdf

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	Form RF-3 revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Form RF3 - (Summary Sheet)</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Form RF-3.pdf</i>
<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	
<b>Attachment(s):</b>	IL new-old rule-rate locations.pdf Compare IL Rate Rule Manual revised.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Manual</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>IL new-old rule-rate locations.pdf</i> <i>Compare IL Rate Rule Manual.pdf</i>
<b>Satisfied - Item:</b>	Objection Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Objection Response Letter.pdf

No Form Schedule items changed.

State:	Illinois	Filing Company:	Fortress Insurance Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
Product Name:	Dental Professional Liability		
Project Name/Number:	FD-IL-R1-0113/FD-IL-R1-0113		

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	IL Rate/Rule Manual	Entire Manual	Replacement	FORT-128083533	02/01/2013 By: Erica Ames
Previous Version					
1	IL Rate/Rule Manual	Entire Manual	Replacement	FORT-128083533	01/10/2013 By: Erica Ames

**Conclusion:**

Thank you for your continued review and approval of our submission

Sincerely,

Erica Ames

<b>SERFF Tracking #:</b>	FORT-128792956	<b>State Tracking #:</b>	FORT-128792956	<b>Company Tracking #:</b>	FD-IL-R1-0113
<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company		
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice				
<b>Product Name:</b>	Dental Professional Liability				
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113				

## Amendment Letter

Submitted Date: 04/16/2013

Comments:

Adding rate checklist per our attorney.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Rate Checklist
<b>Comments:</b>	The attached rate checklist is being added to this submission per the request of our attorney, Dave Anderson.
<b>Attachment(s):</b>	MedicalMal rates checklist.pdf

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Amendment Letter

Submitted Date: 01/30/2013

Comments:

letter authorizing Attorney David Anderson to speak on behalf of Fortress

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Authorization Letter
Comments:	
Attachment(s):	Authorization Letter.pdf

**State:** Illinois **Filing Company:** Fortress Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice  
**Product Name:** Dental Professional Liability  
**Project Name/Number:** FD-IL-R1-0113/FD-IL-R1-0113

## Note To Filer

**Created By:**

Gayle Neuman on 04/25/2013 01:00 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

04/25/2013 01:01 PM

**Subject:**

effective date - follow up

**Comments:**

I will mark the filing as being effective 9/1/13. It is your responsibility to notify the Department before 9/1/13 if the effective date will be pushed back.

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<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Note To Reviewer

**Created By:**

Erica Ames on 04/25/2013 11:52 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

04/25/2013 01:01 PM

**Subject:**

Effective Date

**Comments:**

Hi Gayle,

Thank you for letting us know about the progress of our submission. 9/1/13 as the effective date is acceptable contingent upon the forms being approved by June 1, 2013 (SERFF Filing #FORT-128792955, submitted 1/10/13).

Please keep us informed regarding the progress of these submissions.

Thank you.  
Erica Ames

**State:** Illinois **Filing Company:** Fortress Insurance Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice  
**Product Name:** Dental Professional Liability  
**Project Name/Number:** FD-IL-R1-0113/FD-IL-R1-0113

## Note To Filer

**Created By:**

Gayle Neuman on 04/25/2013 08:05 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

04/25/2013 01:01 PM

**Subject:**

effective date

**Comments:**

The Department of Insurance completed its review of this filing. Originally, Fortress requested the filing be effective September 1, 2013. Will the filing be put in effect on September 1, 2013 or do you wish to have a different effective date? Your prompt response is appreciated.



**State:** Illinois **Filing Company:** Fortress Insurance Company  
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**Product Name:** Dental Professional Liability  
**Project Name/Number:** FD-IL-R1-0113/FD-IL-R1-0113

## Reviewer Note

**Created By:**

Caryn Carmean on 04/24/2013 01:55 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

04/25/2013 01:01 PM

**Subject:**

Actuarial Review Completed

**Comments:**

Actuarial Review Completed

<b>SERFF Tracking #:</b>	FORT-128792956	<b>State Tracking #:</b>	FORT-128792956	<b>Company Tracking #:</b>	FD-IL-R1-0113
<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company		
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice				
<b>Product Name:</b>	Dental Professional Liability				
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113				

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	6.200%
<b>Effective Date of Last Rate Revision:</b>	09/01/2012
<b>Filing Method of Last Filing:</b>	File and Use

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Fortress Insurance Company	23.400%	6.100%	\$58,762	607	\$963,305	%	%

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		IL Rate/Rule Manual	Entire Manual	Replacement	FORT-128083533	F-IL-RR (09-13) revised.pdf



**FORTRESS INSURANCE COMPANY**

**ILLINOIS**

**DENTAL PROFESSIONAL LIABILITY INSURANCE**

**RATE/RULE MANUAL**

**RATING RULES FOR  
DENTAL PROFESSIONAL LIABILITY INSURANCE**

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<b>Rule</b>	<b>Page Number</b>
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Territory 1 – Rates .....	1,2
Territory 2 – Rates .....	3,4
Eligibility Fortress Individual Coverage.....	5
Eligibility Fortress Entity Coverage .....	6,7
Eligibility Coverage for Dental Candidates .....	8
Policy Characteristics.....	9
Policy Issued	
Policy Term	
Policy Type of Coverage	
Policy Termination or Conditional Renewal	
Premium Characteristics .....	10
Premiums	
Computation of Return Premium	
Rounding of Premium	
Risk Management Credit	
Maximum Premium Discount or Credit	
New Dentist Discount .....	11
Loss Free Credit.....	12
Rating Characteristics .....	13
Rating Territory	
Specialty Rating Classifications	
Rating of Adverse Loss Experience.....	14
Deductibles	
Rating Parameters for Qualifying Endorsement	
Suspension of Insurance .....	15
Locum Tenens.....	16
Part-Time Practice Discounts .....	17
Reporting Endorsement .....	18

**FORTRESS INSURANCE COMPANY  
ILLINOIS RATES**

**Territory 1 - Cook County**

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$507	\$919	\$1,166	\$1,289	\$1,371
\$500,000/\$1,000,000	\$564	\$1,022	\$1,297	\$1,434	\$1,525
\$1,000,000/\$3,000,000	\$634	\$1,148	\$1,457	\$1,611	\$1,714
\$2,000,000/\$6,000,000	\$713	\$1,292	\$1,639	\$1,813	\$1,928

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$634	\$1,148	\$1,457	\$1,611	\$1,714
\$500,000/\$1,000,000	\$706	\$1,278	\$1,621	\$1,792	\$1,907
\$1,000,000/\$3,000,000	\$793	\$1,435	\$1,821	\$2,014	\$2,143
\$2,000,000/\$6,000,000	\$892	\$1,615	\$2,049	\$2,266	\$2,410

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$2,029	\$3,675	\$4,662	\$5,156	\$5,485
\$500,000/\$1,000,000	\$2,258	\$4,088	\$5,187	\$5,736	\$6,102
\$1,000,000/\$3,000,000	\$2,537	\$4,594	\$5,828	\$6,445	\$6,856
\$2,000,000/\$6,000,000	\$2,854	\$5,168	\$6,556	\$7,250	\$7,713

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b>\$250,000/ \$750,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$3,000,000</b>	<b>\$2,000,000/ \$6,000,000</b>
Class I	\$1,522	\$1,693	\$1,903	\$2,140
Class I-F	\$1,903	\$2,117	\$2,378	\$2,675
Class II	\$6,088	\$6,773	\$7,610	\$8,561

3



**FORTRESS INSURANCE COMPANY  
ILLINOIS RATES**

**Territory 2 - Remainder of State**

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$437	\$792	\$1,005	\$1,111	\$1,182
\$500,000/\$1,000,000	\$487	\$881	\$1,118	\$1,236	\$1,315
\$1,000,000/\$3,000,000	\$547	\$990	\$1,256	\$1,389	\$1,477
\$2,000,000/\$6,000,000	\$615	\$1,114	\$1,413	\$1,562	\$1,662

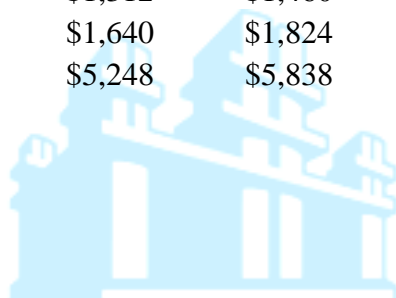
<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$547	\$990	\$1,256	\$1,389	\$1,477
\$500,000/\$1,000,000	\$608	\$1,101	\$1,397	\$1,545	\$1,644
\$1,000,000/\$3,000,000	\$683	\$1,237	\$1,570	\$1,736	\$1,847
\$2,000,000/\$6,000,000	\$769	\$1,392	\$1,766	\$1,953	\$2,078

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,749	\$3,168	\$4,019	\$4,444	\$4,728
\$500,000/\$1,000,000	\$1,946	\$3,524	\$4,471	\$4,944	\$5,260
\$1,000,000/\$3,000,000	\$2,187	\$3,960	\$5,023	\$5,555	\$5,910
\$2,000,000/\$6,000,000	\$2,460	\$4,455	\$5,651	\$6,250	\$6,649



**Occurrence**

<b><u>Limits of Coverage</u></b>	<b>\$250,000/ \$750,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$3,000,000</b>	<b>\$2,000,000/ \$6,000,000</b>
Class I	\$1,312	\$1,460	\$1,640	\$1,845
Class I-F	\$1,640	\$1,824	\$2,050	\$2,306
Class II	\$5,248	\$5,838	\$6,560	\$7,380



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**Eligibility**

**Fortress Individual Coverage:**

In order for a dentist to be eligible for individual coverage, he or she must:

- a. Have a valid state license to actively practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a practice profile considered to be acceptable to the Company.



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**Eligibility (continued)**

**Fortress Entity Coverage:**

Fortress provides coverage for entities such as Professional Corporation, Association, Partnership or Limited Liability Company on a shared limit basis (additional insured) at no additional premium charge or by a separate entity policy at an additional premium charge, as outlined below:

**Shared Limit Basis (Additional Insured)**

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he/she owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an entity, which maintains a Fortress Entity policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an entity created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

**Separate Limit Basis (Entity Policy)**

To be considered for a separate limit the following criteria must be met:

- 1. A minimum of 75% of the affiliated dentists must be insured with Fortress and maintain limits greater than or equal to the entity.
- 2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the entity. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
- 3. All dentists who maintain an ownership interest in the entity must be insured with Fortress.

**Eligibility (continued)**

**Separate Limit Basis (Entity Policy) (continued)**

The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if a claims-made policy is issued), for each dentist insured by another carrier.



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# FORTRESS

**Eligibility (continued)**

**Coverage for Dental Candidates**

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



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### **Policy Characteristics**

#### **Policy Issued**

A policy in a form approved by the Insurance Department will be delivered to the named insured.

#### **Policy Term**

The policy period shall be for a one-year term, unless it is part of an entity policy and the insured joins the entity. In this instance, a policy will be issued to coincide with the entity policy's expiration date.

#### **Policy Type of Coverage**

Coverage will be issued by the Company on either an occurrence policy or a claims-made policy basis at the approved rates and conditions applicable to this type of insurance.

#### **Policy Termination or Conditional Renewal**

The policy may be cancelled by the insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the State of Illinois.

## **Premium Characteristics**

### **Premiums**

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insureds except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.

### **Computation of Return Premium**

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.

### **Rounding of Premium**

All premium shall be rounded to the nearest dollar.

### **Risk Management Credits**

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within three months of the effective date of the current policy period, the first of the three year credit will be applied to the current policy period.

### **Maximum Premium Discount or Credit**

Insured's that qualify for multiple premium discounts or credits shall not exceed 70% off the base premium rates, except for Suspension of Insurance.

**Premium Characteristics (continued)**

**New Dentist Discount**

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

**First Year**

	Class I & I-F	Class II	Not otherwise classified
Claims Made	\$50	\$175	\$300
Occurrence	\$100	\$350	\$600

Second Year	40% Premium Credit
Third Year	25% Premium Credit

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims-made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

*First Year Fee X Tail Factor.*



### **Premium Characteristics (continued)**

#### **Loss Free Credit**

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must have five years of eligible loss free experience. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups.

## **Rating Characteristics**

### **Rating Territory**

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

### **Specialty Rating Classifications**

<b>Class</b>	<b>Specialty/Classification</b>
<b>Class I</b>	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
<b>Class I-F</b>	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
<b>Class II</b>	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

**Rating of Adverse Loss Experience**

**Deductibles**

Insured's who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



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### **Rating Parameters for Qualifying Endorsement**

#### **Suspension of Insurance**

On occasion, a dentist may cease practicing temporarily for an extended period, although it is his or her intention to return to private practice. In these situations, it is not feasible for the dentist to cancel his or her policy, purchase tail coverage, and reapply for a new policy upon his or her return to private practice. In order to accommodate these dentists, Fortress offers the option of Suspension of Insurance. All requests for Suspension of Insurance must be approved by an underwriter.

The Suspension of Insurance endorsement allows the insured to report incidents, claims, and suits that arise from professional services rendered prior to the effective date of the suspension of insurance endorsement and after the retroactive date of the policy. There is no coverage for professional services rendered during the period of suspension.

The following are the guidelines for this type of exposure:

- 1) Suspension Period - minimum 3 months and maximum two (2) years. Retroactive requests for suspension will be considered up to 30 days prior to the receipt of the original request.
- 2) If less than mature rate, claims-made step would not advance during the period of suspension. Step rating will resume once the Suspension of Insurance endorsement has been deleted.
- 3) Renewals will be processed in the same manner as active policies.
- 4) Because the insured is able to report claims during the Suspension of Insurance period, a premium charge of 15% of the premium will be made.
- 5) Eligibility requirements:
  - a. attendance at a full-time approved training program;
  - b. maternity/child care/family care leave;
  - c. \* illness or temporary disability;
  - d. other approved sabbatical leave.
- 6) The premium for Suspension of Insurance due to Active Military Duty will be discounted by 100%.

\* For all requests for Suspension that involve illness or temporary disability, a letter from the insured's treating physician will be required for Underwriting consideration. Such letter will include: The diagnosis and prognosis and restriction to the dentist's ability to practice dentistry.

Note: The maximum credit towards final retirement tail that can be earned while on Suspension shall not exceed 20%.

**Rating Parameters for Qualifying Endorsement (continued)**

**Locum Tenens**

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insureds with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and entity policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

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**Rating Parameters for Qualifying Endorsement (continued)**

**Part-Time Practice Discount**

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
  - a) maintain a private practice of less than 20 hours per week or 1000 hours per year and
  - b) provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

$$\text{Base rate} \times .50 (50\%)$$

**Rating Parameters for Qualifying Endorsement (continued)**

**Extended Reporting (Tail) Coverage**

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

**Reporting Endorsement Calculation for Individual Risks:**

Expiring Annual Premium

X 1.31

---

= *Reporting Endorsement Premium*

**Reporting Endorsement Calculation for Corporate Risks:**

Expiring Annual Premium

X 1.31

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= *Reporting Endorsement Premium*

\* Note: Suspension of Insurance credit will not be included in the calculation.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Filing Memo-IL DPL@9-1-13-FINAL.PDF
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	Form RF-3 revised.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	IL Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	
<b>Attachment(s):</b>	IL new-old rule-rate locations.pdf Compare IL Rate Rule Manual revised.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Authorization Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Authorization Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

<b>Satisfied - Item:</b>	Objection Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Objection Response Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Checklist
<b>Comments:</b>	The attached rate checklist is being added to this submission per the request of our attorney, Dave Anderson.
<b>Attachment(s):</b>	MedicalMal rates checklist.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**FORTRESS INSURANCE COMPANY**  
**ILLINOIS DENTAL PROFESSIONAL LIABILITY**  
**ACTUARIAL ANALYSIS OF INDICATED SEPTEMBER 1, 2013 RATE LEVELS**

This actuarial filing memorandum has been prepared in conjunction with Fortress Insurance Company's (Fortress) proposed rate levels to be effective September 1, 2013 for Illinois dental professional liability (DPL) coverage.

Given the limited volume of Fortress-specific DPL historical premium and claims experience in Illinois, we were unable to rely exclusively upon the historical performance of Fortress's Illinois book of business in estimating the indicated rate change. As such, we have supplemented the "raw" indicated rate change in Illinois with a trend-based indicated rate change in determining a credibility-weighted indicated rate change in an effort to enhance the stability of the ratemaking process. Exhibit 1 summarizes the results of this process and the remaining exhibits provide the supporting details.

Based on the analysis shown on Exhibits 1 through 7, Fortress is proposing the following changes to its base rate and overall premium level:

Description	Effect On	
	Base Rate	Overall Premium Level
General Base Rate	6.0%	6.0%
Class II Relativity Change <sup>1</sup>	0.0%	0.1%
Overall Increase	6.0%	6.1%

<sup>1</sup> See Item 4 below.

Thus Fortress is proposing a base rate increase of 6.0%. We estimate the overall premium impact of this filing as an increase of 6.1%.

The key assumptions underlying our rate level review are summarized below:

- 1) We have assumed a load for unallocated loss adjustment expenses (ULAE) of 10.0% of net ultimate loss and allocated loss adjustment expense (ALAE) based upon Fortress's historical companywide experience (see Exhibit 2 for details);
- 2) We have assumed that Fortress's underwriting expense requirements in Illinois will average 35.7% of premium, broken down as follows (see Exhibits 3 and 4 for details):

Expense Component	Provision
Fixed Expenses <sup>1</sup>	14.4%
Variable Expenses	17.5
DDR Prepaid Premium	3.8
<b>Total</b>	<b>35.7%</b>

<sup>1</sup> Includes general expenses and other acquisition expenses.

- 3) Our analysis contemplates a target combined ratio of 102.9%. The target combined ratio for Fortress of 102.9% is broken down as follows (see Exhibits 4 through 6 for details):

Provision	Ratio
Loss & LAE	67.2%
Underwriting Expenses	35.7
<b>Target Combined</b>	<b>102.9%</b>

- 4) With this filing Fortress proposes to increase its class II relativity from 3.000 to 4.000.

Fortress Proposed Classification Plan	
Fortress Class	Class Relativity
I	1.000
1-F	1.250
II <sup>1</sup>	4.000

<sup>1</sup> Dental anesthesiologist.

Based on the distribution of dentists by class provided by Fortress, we estimate the overall premium effect of this change to be an increase of 0.1% (see Exhibit 7);

- 5) In discounting the projected loss and ALAE for the time value of money, we have assumed an annual rate of return of 4.0% on invested assets, as provided to us by Fortress management. Fortress selected the interest rate because Fortress has greater familiarity with its current investments, its investment policy, and the potential investment returns of its asset portfolio. We are not able to assess the reasonableness of the selected interest rate without performing a substantial amount of additional work beyond the scope of our assignment. As such, we express no opinion on the appropriateness of the interest rate; and
- 6) In developing our trend-based indication, we have assumed a 4.5% overall annual trend using an average of our selected 4.0% loss trend and 5.0% ALAE trend. We have judgmentally calculated the complement of credibility based on this assumed trend rate over a one-year-and-two-month period, noting that Fortress's most recent rate filing in Illinois was effective July 1, 2012.

Several final points should be noted. First, we relied on data and information provided by Fortress and did not audit or independently verify other than for general reasonableness. Additionally, this letter was prepared for Fortress's internal business use only and is not to be provided to any third party. We understand that Fortress intends to provide a copy of this letter to the Illinois Department of Insurance in support of its proposed rates and we permit such distribution. Finally, actuarial estimates of medical professional liability rates are subject to uncertainty from various sources including, but not limited to, changes in claim reporting and settlement patterns, judicial decisions, legislation, etc. While the estimates contained herein represent our best professional judgment, it is not only possible, but in fact probable, that the ultimate cost of providing coverage may deviate, perhaps significantly, from our estimates.

Respectfully submitted,

A handwritten signature in cursive script, reading "Susan J. Forray".

Susan J. Forray, FCAS, MAAA  
Principal and Consulting Actuary

December 3, 2012

SJF/bas

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**FORTRESS INSURANCE COMPANY**  
**Indicated Rate Change by State**

State: Illinois

	(a)	(b)	(c) = (a) x (b)	(d)	(e) = (c) + (d)	(f)	(g)	(h)	(i) = (g) / (h)
Report	Case O/S Loss & ALAE at Net Retention	IBNR to Case O/S Ratio <sup>1</sup>	Indicated IBNR Loss & ALAE @ 3/31/2012	Incurred Loss & ALAE at Net Retention @ 3/31/2012	Ultimate Loss & ALAE at Net Retention @ 3/31/2012	Ultimate Loss & LAE <sup>2</sup> at Net Retention @ 3/31/2012	Ultimate Loss & LAE at Net Retention Trended <sup>3</sup> to 9/1/2013 Effective Date	On-Level Net Earned Premium	Trended On-Level Loss & LAE Ratio at Net Retention
Year	@ 3/31/2012		@ 3/31/2012	@ 3/31/2012	@ 3/31/2012	@ 3/31/2012			
1999	0	NA	NA	0	0	0	0	0	0.0%
2000	0	NA	NA	0	0	0	0	739	0.0%
2001	0	NA	NA	0	0	0	0	644	0.0%
2002	0	NA	NA	0	0	0	0	3,862	0.0%
2003	0	NA	NA	3,122	3,122	3,434	5,614	41,455	13.5%
2004	0	1.728	0	212,964	212,964	234,260	366,477	157,772	232.3%
2005	0	0.154	0	179,311	179,311	197,242	295,279	266,467	110.8%
2006	0	0.286	0	158,550	158,550	174,405	249,848	349,558	71.5%
2007	0	0.397	0	405,178	405,178	445,696	610,997	442,006	138.2%
2008	114,582	0.800	91,623	453,415	545,038	599,542	786,508	582,396	135.0%
2009	209,015	0.819	171,274	456,271	627,545	690,300	866,573	639,084	135.6%
2010	345,921	0.628	217,340	562,172	779,512	857,463	1,030,070	803,681	128.2%
2011	345,009	2.190	755,683	402,771	1,158,454	1,274,299	1,464,894	867,575	168.8%
Total	1,014,527		1,235,920	2,833,754	4,069,674	4,476,641	5,676,260	4,155,241	136.6%

(1)	Projected Illinois Loss & LAE Ratio Limited to Retention	136.6%
(2)	Discount Factor to Reflect Anticipated Investment Income	88.2%
(3)	Variable Expense Provision	17.5%
(4)	Fixed Expense Provision ( <i>Unadjusted</i> for Indicated Rate Change)	26.5%
(5)	Fixed Expense Provision ( <i>Adjusted</i> for Indicated Rate Change); (4) / [1 + Countrywide Raw Indicated Weighted Average Rate Change]	14.4%
(6)	Assumed Profit Load	5.0%
(7)	Death, Disability and Retirement Prepaid Premium Provisions	3.8%
(8)	Indicated Target Loss & LAE Ratio; [1 - (3) - (5) - (6) - (7)] / (2)	67.2%
(9)	Raw Indicated Illinois Rate Change (1) / (8) - 1	103.2%
(10)	Assigned Credibility <sup>4</sup>	18.5%
(11)	Trend-Based Indicated Rate Change <sup>3</sup>	5.3%
(12)	<b>Credibility-Weighted Indicated Collected Rate Change</b> [(9) x (10)] + [{ 1 - (10) } x (11)]	<b>23.4%</b>

<sup>1</sup> Based upon companywide excluding Texas analysis as of March 31, 2012

<sup>2</sup> Includes ULAE load assumption of 10.0%

<sup>3</sup> Based upon trend assumption of 4.5% per annum

<sup>4</sup> Uses Fortress companywide (excluding Texas) on-level net earned premium as full credibility standard and square root rule

**FORTRESS INSURANCE COMPANY**  
**Dental Professional Liability**  
**Countrywide**

**Indicated ULAE Load**

Report Year	(\$000's) Countrywide Indicated CM & Occurrence Net Ultimate Loss & ALAE	(\$000's) Booked Gross Ultimate ULAE <sup>1</sup>	Ultimate ULAE to Ultimate Loss & ALAE Ratio
2002	2,192	132	6.0%
2003	6,146	210	3.4%
2004	9,480	582	6.1%
2005	5,128	916	17.9%
2006	9,468	1,237	13.1%
2007	14,263	1,257	8.8%
2008	12,952	1,364	10.5%
2009	15,427	1,470	9.5%
2010	15,896	1,545	9.7%
2011	15,463	1,799	11.6%
Total	106,415	10,512	9.9%
2007 - 2011	74,001	7,435	10.0%
2009 - 2011	46,787	4,814	10.3%
<b>Selected ULAE Load on a Net Basis</b>			<b>10.0%</b>

<sup>1</sup> From Fortress Insurance Company's 2011 Annual Statement  
Schedule P - Part 1F Sections 1 and 2 (Occurrence and CM, respectively)

**FORTRESS INSURANCE COMPANY**  
**Selected Expense Ratios**  
**(Amounts in \$000's)**

	2006		2007		2008		2009		2010		2011		Avg L3	Selected
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%		
Direct Premiums Written	5,471	xxx	6,702	xxx	7,542	xxx	8,306	xxx	8,433	xxx	8,976	xxx		xxx
Direct Premiums Earned	4,752	xxx	6,029	xxx	7,161	xxx	8,266	xxx	8,436	xxx	8,645	xxx		xxx
Direct Commission and Brokerage Incurred	679	12.4%	868	12.9%	985	13.1%	1,085	13.1%	1,147	13.6%	1,207	13.4%	13.4%	13.5%
Taxes, Licenses and Fees Incurred	198	3.6%	283	4.2%	317	4.2%	354	4.3%	319	3.8%	376	4.2%	4.1%	4.0%
Other Acquisition Expenses Incurred <sup>1</sup>	723	13.2%	945	14.1%	1,030	13.7%	1,131	13.6%	1,162	13.8%	1,224	13.6%	13.7%	13.5%
General Expenses Incurred <sup>1</sup>	782	16.5%	1,199	19.9%	1,153	16.1%	1,285	15.6%	1,053	12.5%	963	11.1%	13.1%	13.0%
<b>Total</b>		<b>45.7%</b>		<b>51.1%</b>		<b>47.0%</b>		<b>46.5%</b>		<b>43.7%</b>		<b>42.4%</b>	<b>44.2%</b>	<b>44.0%</b>
<b>Variable Expenses<sup>2</sup></b>		<b>16.0%</b>		<b>17.2%</b>		<b>17.3%</b>		<b>17.3%</b>		<b>17.4%</b>		<b>17.6%</b>	<b>17.4%</b>	<b>17.5%</b>
<b>Fixed Expenses<sup>3</sup></b>		<b>29.7%</b>		<b>34.0%</b>		<b>29.8%</b>		<b>29.2%</b>		<b>26.3%</b>		<b>24.8%</b>	<b>26.7%</b>	<b>26.5%</b>

<sup>1</sup> Allocated in proportion to number of policyholders

<sup>2</sup> Assumed to be commission, brokerage and taxes, licenses and fees

<sup>3</sup> Assumed to be other acquisition and general

Source: Exhibit of Premiums and Losses by State and Insurance Expense Exhibit (Medical Malpractice)



**FORTRESS INSURANCE COMPANY**  
**Dental Professional Liability**  
**Derivation of Target Loss & LAE Ratio**

Component	Provision
(1) Variable Expense Provision	17.5%
(2) Fixed Expense Provision <sup>1</sup>	14.4%
(3) Assumed Profit Load	5.0%
(4) Death, Disability and Retirement Prepaid Premium Provision	3.8%
(5) Discount Factor for Investment Income Offset	88.2%
<b>(6) Target Loss &amp; LAE Ratio; [ 1 - (1) - (2) - (3) - (4) ] / (5)</b>	<b>67.2%</b>
<b>(7) Target Combined Ratio; (1) + (2) + (4) + (6)</b>	<b>102.9%</b>

<sup>1</sup> Adjusted for raw indicated rate changes

**FORTRESS INSURANCE COMPANY**  
**Dental Professional Liability**  
**Countrywide**  
**Derivation of Discount Factor**

(1)	(2)	(3)	(4)
Year	Selected Cumulative Payment Pattern <sup>1</sup>	Selected Incremental Payment Pattern <sup>1</sup>	Discounted Incremental Payment Pattern <sup>2</sup>
1	5.1%	5.1%	5.0%
2	29.7%	24.6%	23.2%
3	53.9%	24.2%	21.9%
4	69.9%	16.0%	13.9%
5	80.5%	10.6%	8.9%
6	91.2%	10.8%	8.7%
7	95.6%	4.4%	3.4%
8	98.0%	2.4%	1.8%
9	99.6%	1.6%	1.2%
10	100.0%	0.4%	0.3%
<b>Discount Factor</b>			<b>88.2%</b>

<sup>1</sup> Based on Fortress-specific claims-made payment pattern

<sup>2</sup> Based on a 4.0% assumed yield

**FORTRESS INSURANCE COMPANY**  
**Dental Professional Liability**  
**Derivation of Countrywide Payment Pattern**  
**Claims-Made and Occurrence Coverage as of March 31, 2012**

Report	Countrywide Paid Loss Limited to \$500,000 & ALAE Unlimited															Net Ultimate
Year	9	21	33	45	57	69	81	93	105	117	129	141	153	165	Loss & ALAE	
1999		158,534	341,807	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	357,492	
2000	18,552	191,148	513,998	606,869	669,967	1,179,116	1,190,847	1,198,379	1,506,000	1,507,598	1,507,791	1,507,791	1,507,791		1,507,791	
2001	33,262	330,250	663,499	1,120,551	1,424,050	1,535,045	1,662,584	1,712,290	1,712,290	1,712,290	1,712,290	1,712,290			1,712,289	
2002	36,163	645,732	1,159,892	1,471,226	1,560,220	1,852,828	1,937,176	2,139,427	2,190,967	2,192,050	2,192,050				2,192,051	
2003	18,302	1,821,661	3,617,959	4,418,736	4,784,514	5,490,009	6,145,240	6,145,762	6,145,762	6,145,762					6,145,762	
2004	284,384	2,619,956	4,594,027	6,433,009	7,573,416	9,060,101	9,396,005	9,437,779	9,439,170						9,480,086	
2005	344,801	1,686,170	3,128,242	3,758,744	4,415,819	4,664,228	4,694,047	4,807,988							5,128,166	
2006	384,892	2,498,183	5,505,406	6,846,774	7,828,484	8,231,904	8,466,675								9,467,847	
2007	371,890	2,637,192	6,447,109	9,062,604	10,336,326	10,749,044									14,262,590	
2008	436,534	2,476,239	5,823,933	8,618,407	9,155,610										12,952,091	
2009	539,356	3,159,475	7,099,224	8,211,932											15,427,270	
2010	593,223	3,293,007	4,945,207												15,896,415	
2011	391,335	1,397,141													15,462,994	
2012	7,417														4,651,248	

Note: Last diagonal is as of March 31, 2012.

Report	Paid Loss & ALAE as a Percentage of Ultimate Loss & ALAE														
Year	9	21	33	45	57	69	81	93	105	117	129	141	153	165	
1999	NA	44.3%	95.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
2000	1.2%	12.7%	34.1%	40.2%	44.4%	78.2%	79.0%	79.5%	99.9%	100.0%	100.0%	100.0%	100.0%		
2001	1.9%	19.3%	38.7%	65.4%	83.2%	89.6%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%			
2002	1.6%	29.5%	52.9%	67.1%	71.2%	84.5%	88.4%	97.6%	100.0%	100.0%	100.0%				
2003	0.3%	29.6%	58.9%	71.9%	77.9%	89.3%	100.0%	100.0%	100.0%	100.0%					
2004	3.0%	27.6%	48.5%	67.9%	79.9%	95.6%	99.1%	99.6%	99.6%						
2005	6.7%	32.9%	61.0%	73.3%	86.1%	91.0%	91.5%	93.8%							
2006	4.1%	26.4%	58.1%	72.3%	82.7%	86.9%	89.4%								
2007	2.6%	18.5%	45.2%	63.5%	72.5%	75.4%									
2008	3.4%	19.1%	45.0%	66.5%	70.7%										
2009	3.5%	20.5%	46.0%	53.2%											
2010	3.7%	20.7%	31.1%												
2011	2.5%	9.0%													
2012	0.2%														
Average x last diag	2.9%	25.1%	53.1%	68.8%	77.5%	89.4%	93.6%	96.1%	100.0%	100.0%	100.0%	100.0%	100.0%		
Average L5 x last diag	3.1%	21.0%	51.1%	68.7%	79.8%	89.5%	95.2%	95.3%	100.0%						
Wght Avg x last diag	3.1%	22.8%	49.5%	67.5%	77.5%	89.9%	95.7%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%		
Prelim Selected	9	21	33	45	57	69	81	93	105	117	129	141	153	165	
Payment Pattern	3.0%	25.0%	50.0%	67.5%	77.5%	90.0%	95.0%	97.5%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	
Interpolated	12	24	36	48	60	72	84	96	108	120	132	144	156	168	
Payment Pattern	5.1%	29.7%	53.9%	69.9%	80.5%	91.2%	95.6%	98.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	

**FORTRESS INSURANCE COMPANY**  
**Dental Professional Liability**  
**Derivation of Class Plan Premium Effect**

Fortress Class	Percentage of Total Dental Population <sup>1</sup>	Current Relativity	Proposed Relativity	Change
I	74.6%	1.000	1.000	0.0%
I-F	25.0%	1.250	1.250	0.0%
II	0.4%	3.000	4.000	33.3%
Total	100.0%	1.071	1.075	0.1%

<sup>1</sup> Provided by Fortress

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 09/01/2013.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Dental Med Malpractice	\$892,615 at 12/31/2012	+6.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,

specify:

Filing applies to all classes and two territories: Cook County and

Remainder of State

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Overall increase of 6.1%

Also filing updates to the Rate/Rule manual.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Fortress Insurance Company

Name of Company

Erica Ames, Regulatory Analyst

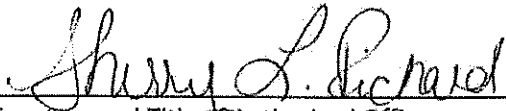
Official – Title

## ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

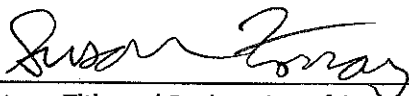
(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Sherry L. Richard a duly authorized officer of Fortress Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Susan Forray a duly authorized actuary of Milliman, Inc., am authorized to certify on behalf of Fortress Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

  
\_\_\_\_\_  
Signature and Title of Authorized Officer  
Sherry L. Richard  
Vice President, Finance  
Fortress Insurance Company

12/21/12  
Date

  
\_\_\_\_\_  
Signature, Title and Designation of Authorized Actuary  
Susan Forray, FCAS, MAAA  
Principal & Consulting Actuary  
Milliman, Inc.

12/21/2012  
Date

Company FEIN #36-4159841; Filing #FD-IL-R1-0113  
Fortress Insurance Company  
6133 N. River Road, Suite 650  
Rosemont, IL 60018-5173

	Illinois rule and rate manual changes.								
New Pg #	NEW	Old pg #	OLD						
	F-IL-RR (09/13)		FD Rate/Rule Manual						
	Cover Page		Cover Page	Moved word Minnesota					
	Index		Index	Updated to reflect changes.					
	1 Rate Page		1 Rate page	No Change					
	2 Rate Page		2 Rate page	No Change					
	3 Rate Page		3 Rate page	No Change					
	4 Rate Page		4 Rate page	No Change					
	5 Fortress Individual Coverage:		5 Eligilty	added the word "actively"					
	6 Fortress Entity Coverage:		6 Now on page 9	Updated to reflect policy changes. (uses term <b>named insured</b> )					
	7 Fortress Entity Coverage:		7 Now on page 9	New wording.					
	8 Coverage for Dental Candidates		8 Now on page 10	No Change					
	9 Policy Characteristics		9 Now on page 9	Title change to: Policy Type of Coverage.					
	10 Premium Characteristics		10 Removed	Policy limits removed because it is on the rate sheets.					
	11 New Dentist Discount		11 Now on page 13	New National Class Plan					
	12 Loss Free Credit		12 Now on page 6 & 7	Re organized, minimal wording changes.					
	13 Rating Characteristics		13 Now on page 9	Removed the territory definitions, they are on the rate sheets.					
	14 Rating of Adverse Loss Experience		14 Now on page 14	No Change					
	15 Suspension of Insurance		15 Now on page 14	Added the word "surcharge"					
	16 Locum Tenens		16 Now page 16	added word "Illinois" to the end of the paragraph.					
	17 Part-Time Practice Discounts		17 Now on page 10	No Change					
	18 Reporting Endorsement		18 Now on Page 18	No Change					
			19 Now on Page 15	Added military suspension and expanded wording.					
			20 Now on Page 11	No Change					
			21 Now on Page 17	No Change					
			22 Now on page 10	No Change					
			23 Topic removed.	Removed.					
			24 Topic removed.	Removed.					
			25 Now on page 8	No Change					
			26 Now on page 16	No Change					
			27 Now on page 12	Removed sentence in last bullet point re: requirement of Claim history from prior carrier must be submitted.					



**FORTRESS INSURANCE COMPANY**

**ILLINOIS**

**DENTAL PROFESSIONAL LIABILITY INSURANCE**

**ILLINOIS**



# **RATE/RULE MANUAL**

Rule

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**RATING RULES FOR**  
**DENTAL PROFESSIONAL LIABILITY INSURANCE**

**Rule**

**Page Number**

<u>Territory 1 Rates</u> .....	1/2
<u>Territory 2 Rates</u> .....	3/4
<u>Eligibility</u> .....	5
<u>Policy Issued</u> .....	6
<u>Policy Term</u> .....	7
<u>Premiums</u> .....	8
<u>Basis of Coverage</u> .....	9
<u>Policy Limits</u> .....	10
<u>Classifications</u> .....	11
<u>Professional Corporation, Association or Partnership</u> .....	12
<u>Rating</u> .....	13
<u>Deductibles</u> .....	14
<u>Schedule Rating Program</u> .....	15
<u>Termination or Conditional Renewal</u> .....	16
<u>Computation of Return Premium</u> .....	17
<u>Extended Reporting (Tail) Coverage</u> .....	18
<u>Suspension of Insurance</u> .....	19
<u>New Dentist Discount</u> .....	20
<u>Part-Time Practice Discounts</u> .....	21
<u>Risk Management Credits</u> .....	22
<u>Coverage for Dental District Society</u> .....	23
<u>Sale of Practice Additional Insured Endorsement Coverage</u> .....	24
<u>Coverage for Dental Candidates</u> .....	25
<u>Locum Tenens</u> .....	26
<u>Loss Free Credit</u> .....	27
<u>Territory 1 – Rates</u> .....	1,2
<u>Territory 2 – Rates</u> .....	3,4
<u>Eligibility Fortress Individual Coverage</u> .....	5

**RATING RULES FOR**  
**DENTAL PROFESSIONAL LIABILITY INSURANCE**

<u>Eligibility Fortress Entity Coverage .....</u>	<u>6,7</u>
<u>Eligibility Coverage for Dental Candidates .....</u>	<u>8</u>
<u>Policy Characteristics.....</u>	<u>9</u>
<u>Policy Issued</u>	
<u>Policy Term</u>	
<u>Policy Type of Coverage</u>	
<u>Policy Termination or Conditional Renewal</u>	
<u>Premium Characteristics .....</u>	<u>10</u>
<u>Premiums</u>	
<u>Computation of Return Premium</u>	
<u>Rounding of Premium</u>	
<u>Risk Management Credit</u>	
<u>Maximum Premium Discount or Credit</u>	
<u>New Dentist Discount .....</u>	<u>11</u>
<u>Loss Free Credit.....</u>	<u>12</u>
<u>Rating Characteristics .....</u>	<u>13</u>
<u>Rating Territory</u>	
<u>Specialty Rating Classifications</u>	
<u>Rating of Adverse Loss Experience.....</u>	<u>14</u>
<u>Deductibles</u>	
<u>Rating Parameters for Qualifying Endorsement</u>	
<u>Suspension of Insurance .....</u>	<u>15</u>
<u>Locum Tenens.....</u>	<u>16</u>
<u>Part-Time Practice Discounts .....</u>	<u>17</u>
<u>Reporting Endorsement .....</u>	<u>18</u>

**FORTRESS INSURANCE COMPANY**  
**ILLINOIS RATES**  
**Territory 1—Cook County**

**Territory 1 - Cook County**

<b><u>Limits of Coverage</u></b>	<b><u>Class I</u></b> <b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$ <u>479507</u>	\$ <u>867919</u>	\$1, <u>400166</u>	\$1, <u>216289</u>	\$1, <u>294371</u>
\$500,000/\$1,000,000	\$ <u>532564</u>	\$ <u>9641,022</u>	\$1, <u>223297</u>	\$1, <u>353434</u>	\$1, <u>439525</u>
\$1,000,000/\$3,000,000	\$ <u>598634</u>	\$1, <u>083148</u>	\$1, <u>374457</u>	\$1, <u>520611</u>	\$1, <u>647714</u>
\$2,000,000/\$6,000,000	\$ <u>673713</u>	\$1, <u>219292</u>	\$1, <u>546639</u>	\$1, <u>710813</u>	\$1, <u>819928</u>

<b><u>Limits of Coverage</u></b>	<b><u>Class I-F</u></b> <b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$634	\$1,148	\$1,457	\$1,611	\$1,714
\$500,000/\$1,000,000	\$706	\$1,278	\$1,621	\$1,792	\$1,907
\$1,000,000/\$3,000,000	\$793	\$1,435	\$1,821	\$2,014	\$2,143
\$2,000,000/\$6,000,000	\$892	\$1,615	\$2,049	\$2,266	\$2,410

<b><u>Limits of Coverage</u></b>	<b><u>Class II</u></b> <b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$2,029	\$3,675	\$4,662	\$5,156	\$5,485
\$500,000/\$1,000,000	\$2,258	\$4,088	\$5,187	\$5,736	\$6,102
\$1,000,000/\$3,000,000	\$2,537	\$4,594	\$5,828	\$6,445	\$6,856
\$2,000,000/\$6,000,000	\$2,854	\$5,168	\$6,556	\$7,250	\$7,713

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b><u>\$250,000/ \$750,000</u></b>	<b><u>\$500,000/ \$1,000,000</u></b>	<b><u>\$1,000,000/ \$3,000,000</u></b>	<b><u>\$2,000,000/ \$6,000,000</u></b>
<b><u>Class I</u></b>	<b><u>\$1,522</u></b>	<b><u>\$1,693</u></b>	<b><u>\$1,903</u></b>	<b><u>\$2,140</u></b>
<b><u>Class I-F</u></b>	<b><u>\$1,903</u></b>	<b><u>\$2,117</u></b>	<b><u>\$2,378</u></b>	<b><u>\$2,675</u></b>
<b><u>Class II</u></b>	<b><u>\$6,088</u></b>	<b><u>\$6,773</u></b>	<b><u>\$7,610</u></b>	<b><u>\$8,561</u></b>

5



FORTRESS

**FORTRESS INSURANCE COMPANY**  
**ILLINOIS RATES**

**Territory 2 - Remainder of State**

<b><u>Limits of Coverage</u></b>	<b><u>Class I</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
<b><u>\$250,000/\$750,000</u></b>	<b><u>\$437</u></b>	<b><u>\$792</u></b>	<b><u>\$1,005</u></b>	<b><u>\$1,111</u></b>	<b><u>\$1,182</u></b>
<b><u>\$500,000/\$1,000,000</u></b>	<b><u>\$487</u></b>	<b><u>\$881</u></b>	<b><u>\$1,118</u></b>	<b><u>\$1,236</u></b>	<b><u>\$1,315</u></b>
<b><u>\$1,000,000/\$3,000,000</u></b>	<b><u>\$547</u></b>	<b><u>\$990</u></b>	<b><u>\$1,256</u></b>	<b><u>\$1,389</u></b>	<b><u>\$1,477</u></b>
<b><u>\$2,000,000/\$6,000,000</u></b>	<b><u>\$615</u></b>	<b><u>\$1,114</u></b>	<b><u>\$1,413</u></b>	<b><u>\$1,562</u></b>	<b><u>\$1,662</u></b>

<b><u>Limits of Coverage</u></b>	<b><u>Class I-F</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
<b><u>\$250,000/\$750,000</u></b>	<b><u>\$598,547</u></b>	<b><u>\$1,083,990</u></b>	<b><u>\$1,374,256</u></b>	<b><u>\$1,520,389</u></b>	<b><u>\$1,617,477</u></b>
<b><u>\$500,000/\$1,000,000</u></b>	<b><u>\$666,608</u></b>	<b><u>\$1,205,101</u></b>	<b><u>\$1,529,397</u></b>	<b><u>\$1,691,545</u></b>	<b><u>\$1,799,644</u></b>
<b><u>\$1,000,000/\$3,000,000</u></b>	<b><u>\$748,683</u></b>	<b><u>\$1,354,237</u></b>	<b><u>\$1,718,570</u></b>	<b><u>\$1,900,736</u></b>	<b><u>\$2,021,847</u></b>
<b><u>\$2,000,000/\$6,000,000</u></b>	<b><u>\$841,769</u></b>	<b><u>\$1,524,392</u></b>	<b><u>\$1,933,766</u></b>	<b><u>\$2,137,195</u></b>	<b><u>\$2,274,078</u></b>

<b><u>Limits of Coverage</u></b>	<b><u>Class II</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
<b><u>\$250,000/\$750,000</u></b>	<b><u>\$1,436,749</u></b>	<b><u>\$2,600,316</u></b>	<b><u>\$3,299,019</u></b>	<b><u>\$3,648,444</u></b>	<b><u>\$3,881,728</u></b>
<b><u>\$500,000/\$1,000,000</u></b>	<b><u>\$1,597,946</u></b>	<b><u>\$2,893,524</u></b>	<b><u>\$3,670,471</u></b>	<b><u>\$4,058,944</u></b>	<b><u>\$4,317,260</u></b>
<b><u>\$1,000,000/\$3,000,000</u></b>	<b><u>\$1,795,217</u></b>	<b><u>\$3,250,960</u></b>	<b><u>\$4,123,023</u></b>	<b><u>\$4,560,555</u></b>	<b><u>\$4,851,910</u></b>
<b><u>\$2,000,000/\$6,000,000</u></b>	<b><u>\$2,460</u></b>	<b><u>\$4,455</u></b>	<b><u>\$5,651</u></b>	<b><u>\$6,250</u></b>	<b><u>\$6,649</u></b>

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b>\$250,000/ \$750,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$3,000,000</b>	<b>\$2,000,000/ \$6,000,000</b>
Class I	\$1,436,312	\$1,597,460	\$1,795,640	\$2,019,845
Class I-F	\$1,795,640	\$1,997,824	\$2,244,050	\$2,524,306
Class II	\$4,308,248	\$4,792,838	\$5,385,560	\$7,380

FORTRESS



**FORTRESS INSURANCE COMPANY**

**ILLINOIS RATES**

**Territory 2—Remainder of State**

<b><u>Limits of Coverage</u></b>	<b><u>Class I</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241
\$1,000,000/\$3,000,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$2,000,000/\$6,000,000	\$580	\$1,051	\$1,333	\$1,474	\$1,568

<b><u>Limits of Coverage</u></b>	<b><u>Class I-F</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$500,000/\$1,000,000	\$574	\$1,039	\$1,318	\$1,458	\$1,551
\$1,000,000/\$3,000,000	\$645	\$1,167	\$1,481	\$1,638	\$1,742
\$2,000,000/\$6,000,000	\$725	\$1,313	\$1,666	\$1,843	\$1,960

<b><u>Limits of Coverage</u></b>	<b><u>Class II</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$1,238	\$2,241	\$2,843	\$3,145	\$3,345
\$500,000/\$1,000,000	\$1,377	\$2,493	\$3,163	\$3,498	\$3,722
\$1,000,000/\$3,000,000	\$1,547	\$2,802	\$3,554	\$3,931	\$4,182

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b><u>\$250,000/ \$750,000</u></b>	<b><u>\$500,000/ \$1,000,000</u></b>	<b><u>\$1,000,000/ \$3,000,000</u></b>	<b><u>\$2,000,000/ \$6,000,000</u></b>
Class-I	\$1,238	\$1,377	\$1,547	\$1,741
Class-I-F	\$1,547	\$1,721	\$1,934	\$2,176
Class-II	\$3,713	\$4,131	\$4,642	



**Eligibility**



# FORTRESS

**Eligibility**

**Fortress Individual Coverage:**

In order for a dentist to be eligible for individual coverage, he or she must:

- a. Have a valid state license to actively practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a ~~claims and~~ practice historyprofile considered to be acceptable to the Company.



FORTRESS

**Eligibility (continued)**

**Fortress Entity Coverage:**

Fortress provides coverage for entities such as Professional Corporation, Association, Partnership or Limited Liability Company on a shared limit basis (additional insured) at no additional premium charge or by a separate entity policy at an additional premium charge, as outlined below:

**Shared Limit Basis (Additional Insured)**

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he/she owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an entity, which maintains a Fortress Entity policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an entity created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

**Separate Limit Basis (Entity Policy)**

To be considered for a separate limit the following criteria must be met:

1. A minimum of 75% of the affiliated dentists must be insured with Fortress and maintain limits greater than or equal to the entity.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the entity. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the entity must be insured with Fortress.

**Eligibility (continued)**

**Separate Limit Basis (Entity Policy) (continued)**

The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if a claims-made policy is issued), for each dentist insured by another carrier.



FORTRESS

**Eligibility (continued)**

**Coverage for Dental Candidates**

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.

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FORTRESS

**Policy Issued**



# FORTRESS



**Policy Characteristics**

**Policy Issued**

A policy in a form approved by the Insurance Department will be delivered to ~~each dentist~~ the named insured.  
~~insured upon receipt of the appropriate premium from said dentist~~



FORTRESS

**Policy Term**

**Policy Term**

The policy period shall be for a one-year term, unless it is part of an entity policy and the insured joins the entity. In this instance, a policy will be issued to coincide with the entity policy's expiration date.

**Policy Type of Coverage**

Coverage will be issued by the Company on each policy either an occurrence policy or a claims-made policy basis at the approved rates and conditions applicable to this type of insurance will be stated in the Declarations Page.

**Policy Termination or Conditional Renewal**

The policy may be cancelled by the insured at any time by submitting written notice to the Company or by surrender of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of one year the Company, as provided for under the Insurance Laws of the State of Illinois.

Premiums  
Premium Characteristics

Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all ~~insured~~insureds except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.



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# FORTRESS

**Basis of Coverage**

**Computation of Return Premium**

~~Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.~~



# FORTRESS

**Policy Limits**

~~The minimum policy limits offered by the Company to dentists will be \$250,000 per patient and \$750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.~~



# FORTRESS

**Classifications**

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.

**Rounding of Premium**

All premium shall be rounded to the nearest dollar.

**Risk Management Credits**

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within three months of the effective date of the current policy period, the first of the three year credit will be applied to the current policy period.

**Maximum Premium Discount or Credit**

Insured's that qualify for multiple premium discounts or credits shall not exceed 70% off the base premium rates, except for Suspension of Insurance.

**Premium Characteristics (continued)**

**New Dentist Discount**

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

First Year

	<u>Class I &amp; I-F</u>	<u>Class II</u>	<u>Not otherwise classified</u>
<u>Claims Made</u>	<u>\$50</u>	<u>\$175</u>	<u>\$300</u>
<u>Occurrence</u>	<u>\$100</u>	<u>\$350</u>	<u>\$600</u>

<u>Second Year</u>	<u>40% Premium Credit</u>
<u>Third Year</u>	<u>25% Premium Credit</u>

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims-made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

*First Year Fee X Tail Factor.*

**Premium Characteristics (continued)**

**Loss Free Credit**

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must have five years of eligible loss free experience. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups.



**Rating Characteristics**

**Rating Territory**

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

**Specialty Rating Classifications**

<b>Class</b>	<b>Specialty/Classification</b>
<b>Class I</b>	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
<b>Class I-F</b>	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
<b>Class II</b>	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

**Professional Corporation, Association or Partnership  
Rating of Adverse Loss Experience**

**Deductibles**

**Insured's**

~~Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:~~

**Shared Limit Basis (Additional Insured)**

- ~~A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.~~
- ~~B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).~~

**Separate Limit Basis (Organization Policy)**

Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:

- ~~1. 10% of the premium for each dentist insured by the Company;~~
- ~~2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier.~~

~~To be considered for a separate limit policy the following criteria must be met:~~

- ~~1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.~~
- ~~2.1. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.~~
- ~~3.1. All dentists who maintain an ownership interest in the organization must be insured with Fortress.~~

**Rating**

~~The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.~~

~~The Territorial definitions are:~~

~~Territory 1—Cook County  
Territory 2—Remainder of state.~~



FORTRESS

**Deductibles**

**Insured** who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.



# FORTRESS

## Rating Parameters for Qualifying Endorsement

### Suspension of Insurance

On occasion, a dentist may cease practicing temporarily for an extended period, although it is his or her intention to return to private practice. In these situations, it is not feasible for the dentist to cancel his or her policy, purchase tail coverage, and reapply for a new policy upon his or her return to private practice. In order to accommodate these dentists, Fortress offers the option of Suspension of Insurance. All requests for Suspension of Insurance must be approved by an underwriter.

The Suspension of Insurance endorsement allows the insured to report incidents, claims, and suits that arise from professional services rendered prior to the effective date of the suspension of insurance endorsement and after the retroactive date of the policy. There is no coverage for professional services rendered during the period of suspension.

The following are the guidelines for this type of exposure:

- 1) Suspension Period - minimum 3 months and maximum two (2) years. Retroactive requests for suspension will be considered up to 30 days prior to the receipt of the original request.
- 2) If less than mature rate, claims-made step would not advance during the period of suspension. Step rating will resume once the Suspension of Insurance endorsement has been deleted.
- 3) Renewals will be processed in the same manner as active policies.
- 4) Because the insured is able to report claims during the Suspension of Insurance period, a premium charge of 15% of the premium will be made.
- 5) Eligibility requirements:
  - a. attendance at a full-time approved training program;
  - b. maternity/child care/family care leave;
  - c. \* illness or temporary disability;
  - d. other approved sabbatical leave.
- 6) The premium for Suspension of Insurance due to Active Military Duty will be discounted by 100%.

\* For all requests for Suspension that involve illness or temporary disability, a letter from the insured's treating physician will be required for Underwriting consideration. Such letter will include: The diagnosis and prognosis and restriction to the dentist's ability to practice dentistry.

Note: The maximum credit towards final retirement tail that can be earned while on Suspension shall not exceed 20%.

**Rating Parameters for Qualifying Endorsement (continued)**

**Locum Tenens**

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our **insureds with the following guidelines:**

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and **entity policies**. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

### Rating Parameters for Qualifying Endorsement (continued)

#### Part-Time Practice Discount

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
  - a) maintain a private practice of less than 20 hours per week or 1000 hours per year and
  - b) provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

#### Schedule Rating Program

~~The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate~~

~~structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:~~

- ~~a. Historical loss experience;~~
- ~~b. Claim anomalies in the historical loss experience;~~
- ~~c. Cumulative number of years of patient experience;~~
- ~~d. Management control procedures.~~

~~In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.~~

~~—The maximum schedule debit is 25%.~~

~~Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.~~

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# FORTRESS



**Termination or Conditional Renewal**

~~Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.~~



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# FORTRESS

**Computation of Return Premium**

~~Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.~~

Base rate × .50 (50%)



# FORTRESS



# FORTRESS

**Extended Reporting (Tail) Coverage**  
**Rating Parameters for Qualifying Endorsement (continued)**

**Extended Reporting (Tail) Coverage**

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

**Reporting Endorsement Calculation for Individual Risks:**

Expiring Annual Premium

X 1.31

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= *Reporting Endorsement Premium*

**Reporting Endorsement Calculation for Corporate Risks:**

Expiring Annual Premium

X 1.31

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= *Reporting Endorsement Premium*

\* Note: Suspension of Insurance credit will not be included in the calculation.

**Suspension of Insurance**

~~In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.~~



FORTRESS

### New Dentist Discount

~~The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)~~

~~The premium will be calculated as follows:~~

#### ~~First Year~~

	<del>Class I &amp; I-F</del>	<del>Class II</del>	<del>Not otherwise classified</del>
<del>Claims Made</del>	<del>\$50</del>	<del>\$175</del>	<del>\$300</del>
<del>Occurrence</del>	<del>\$100</del>	<del>\$350</del>	<del>\$600</del>

<del>Second Year</del>	<del>40% Premium Credit</del>
<del>Third Year</del>	<del>25% Premium Credit</del>

~~Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.~~

~~The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.~~

~~In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:~~

*~~First Year Fee X Tail Factor~~*

### Part-Time Practice Discounts

~~Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part time coverage in order to qualify for a reduced premium.~~

- ~~1) Dentists who are 55 years of age or older and can document (per the part time application) that they practice less than 20 hours per week or 1000 hours per year;~~
- ~~2)1) Dentists who have a medically certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;~~
- ~~3)1) Dentists who teach full time in an ADA approved training program and who are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;~~
- ~~4)1) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.~~
- ~~5)1) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)~~
  - ~~a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and~~
  - ~~b)1) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.~~
- ~~6) Dentists who are stay at home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part time.~~

~~To apply for part time coverage, the dentist must complete a supplemental application for part time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part time eligibility.~~

~~Premium discounted to part time (50%) is calculated in the following manner:~~

$$\text{Base rate} \times .50 (50\%)$$

**Risk Management Credits**

~~A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.~~



FORTRESS



**Coverage for District Dental Societies**

~~Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.~~

~~The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.~~



FORTRESS

**Sales of Practice Additional Insured Endorsement Coverage**

~~An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.~~

~~There will be no additional premium charge for this Endorsement.~~



FORTRESS

**Coverage for Dental Candidates**

~~Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.~~

~~All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.~~

~~After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.~~



FORTRESS

### Locum Tenens

~~Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.~~

~~This is available to our~~ insured with the following guidelines:

- ~~1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.~~
- ~~2) 1) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one policy period for both the individual and organization policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.~~

FORTRESS

### Loss Free Credit

~~Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.~~

~~For purposes of this program "loss" has been defined as any of the following occurring during the evaluation period:~~

- ~~• Any claim with an indemnity payment, regardless of amount;~~
- ~~• Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.~~

~~If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.~~

~~The loss free credit will be extended over loss free years based on the following guidelines:~~

- ~~• The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.~~
- ~~• The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups~~



January 30, 2013

Gayle Neuman  
Illinois Department of Insurance  
Property & Casualty Compliance  
320 W. Washington  
Springfield, IL 62767

**RE:** Fortress Insurance Company  
SERFF Filing: FORT-128792956

Dear Ms. Neuman:

This letter will serve as authorization for Attorney David R. Anderson to speak on behalf of Fortress Insurance Company for the above SERFF submission.

Mr. Anderson can be reached at:  
670 Schultz Street  
Lemont, IL 60439  
Cell: 630-677-6481  
Fax: 630-214-3576

If you have comments or questions, please contact me directly. Thank you.

Sincerely,

*Erica Ames*

Erica Ames  
Regulatory Analyst  
Phone: (847) 653-8832  
Fax: (847) 653-8476  
e-mail: [erica.ames@fortressins.com](mailto:erica.ames@fortressins.com)



February 1, 2013

Gayle Neuman  
Property & Casualty  
Illinois Department of Insurance  
320 W. Washington Street  
Springfield, IL 62767

**RE:** Fortress Insurance Company  
Company NAIC No.: 10801  
SERFF Filing #: FORT-128792956  
FD-IL-R1-0113

Dear Ms. Neuman:

Thank you for your objection letter dated January 24, 2013. Our response to your concerns is below.

Department Question 1. *Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

Response: ISO

Department Question 2. *Please review Company Bulletin 2011-05 (attached) for compliance regarding schedule rating plan guidelines.*

Response: We are going to withdraw the Schedule Rating Program. I have attached an updated rate and rule manual. The table of contents and page 14 were the only pages that changed.

Department Question 3. *In regard to the unlimited extended reporting period, are the policy limits reinstated for the duration? Please confirm there is only one payment made for such coverage.*

Response: The policy limit is reinstated when an extended reporting period is issued. The limit is not reinstated annually. There is only one payment made by the policyholder for this coverage.

Department Question 4. *The RF-3 indicates a 6.0% increase instead of a 6.1% increase. Why did the company refer to the annual premium volume from December, 2011?*

Response: Attached is an updated RF-3 form.

If you have comments or questions, please contact me directly. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Erica Ames".

Erica Ames  
Regulatory Analyst  
Phone: (847) 653-8832  
Fax: (847) 653-8476  
[erica.ames@fortressins.com](mailto:erica.ames@fortressins.com)



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# Review Requirements Checklist

## Medical Malpractice Liability Rates

Contact Person: [Gayle Neuman](#) (217) 524-6497

Illinois Department of Insurance  
320 W. Washington St.  
Springfield, IL 62767-0001

Effective 06/02/11

Line(s) of Insurance/Business:

This list is for form filings only. See separate Rate/Rule checklists

- Medical Malpractice; filing code(s) 11.0000
- Claims Made; filing code(s) 11.1000
- Occurrence; filing code(s) 11.2000
- Acupuncture; filing code 11.0001
- Ambulance Services; filing code 11.0002
- Anesthetist; filing code 11.0031
- Assisted Living Facility; filing code 11.0033
- Chiropractic; filing code 11.0003
- Community Health Center; filing code 11.0004
- Dental Hygienists; filing code 11.0005
- Dentists; filing code 11.0030
- Dentists - General Practice; filing code 11.0006
- Dentists - Oral Surgeon; filing code 11.0007
- Home Care Service Agencies; filing code 11.0008
- Hospitals; filing code 11.0009
- Professional Nurses; filing code 11.0032
- Nurse - Anesthetists; filing code 11.0010
- Nurse - Lic. Practical; filing code 11.0011
- Nurse - Midwife; filing code 11.0012
- Nurse - Practitioners; filing code 11.0013
- Nurse - Private Duty; filing code 11.0014
- Nurse - Registered; filing code 11.0015
- Nursing Homes; filing code 11.0016
- Occupational Therapy; filing code 11.0017
- Ophthalmic Dispensing; filing code 11.0018
- Optometry; filing code 11.0019
- Osteopathy; filing code 11.0020
- Pharmacy; filing code 11.0021
- Physical Therapy; filing code 11.0022
- Physicians & Surgeons; filing code 11.0023
- Physicians Assistants; filing code 11.0024
- Podiatry; filing code 11.0025
- Psychiatry; filing code 11.0026
- Psychology; filing code 11.0027
- Speech Pathology; filing code 11.0028
- Other; filing code 11.0029

### Links:

- [Illinois Compiled Statutes Online](#)
- [Administrative Regulations Online](#)
- [Product Coding Matrix](#)

To assist insurers in submitting compliant medical liability rate/rule filings, the Department has created this separate, comprehensive rate/rule filing checklist for medical liability filings.

Please see the separate form filing checklist for requirements related to medical liability forms.

All filings are public record in accordance with 215 ILCS 5/404 except where another provision of the Insurance Code says otherwise. The only code section that allows for a filing to be a trade secret or confidential is 215 ILCS 157/40 Use of Credit Information in Personal Insurance Act.

GENERAL FILING REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
NAIC Uniform Transmittal Form	<a href="#">50 IL Adm. Code 929</a> <a href="#">NAIC Uniform Transmittal Form</a>	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Department will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.	See Filing Description tab and Explanatory Memo in Supporting Documentation tab.
LINE OF AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Must have proper Class and Clause authority to conduct this line of business in Illinois	<a href="#">215 ILCS 5/4</a> <a href="#">List of Classes/Clauses</a>	To write Medical Liability insurance in Illinois, companies must be licensed to write: 1. Class 2, Clause (c)	Acknowledged
RATES AND RULES REQUIRED TO BE FILED	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately. For requirements regarding form filings, see separate form filing checklist.	Acknowledged
INSURER FILING REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	

Insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.

[215 ILCS 5/155.18](#)  
[50 IL Adm. Code 929](#)

Insurers must file the following:

- Medical liability insurance rate manual, including all rates.
- Rules, including underwriting rule manuals which contain rules for applying rates or rating plans
- Classifications and other such schedules used in writing medical liability insurance.
- Statement regarding whether the insurer:
  - Has its own plan for the gathering of medical liability statistics; or
  - Reports its medical liability statistics to a statistical agent (and if so, which agent).

See Rate/Rule  
tab.

Rule Manual

Rule Manual

ISO

Acknowledged

The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.

Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Department.

Acknowledged

#### DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

**NOTE:** These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.

LOCATION  
OF  
STANDARD  
IN FILING

#### AMENDMENTS TO INITIAL RATE/RULE FILINGS

#### REFERENCE

After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.

[215 ILCS 5/155.18](#)  
[50 IL Adm. Code 929](#)

After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added.

See Rate/Rule  
Tab for Rate/Rule  
Manual

Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director.

See Rate/Rule  
Tab

Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents.

Acknowledged

The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.

Acknowledged

Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing

Acknowledged

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#### DEPT OF INSURANCE

320 W Washington  
 Springfield, IL 62767  
 217-782-4515 phone

James R. Thompson Center  
 100 W. Randolph St., Suite 9-301  
 Chicago, IL 60601-3395  
 312-814-2420 phone

		contains all essential elements before submitting the filing to the Department.	
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
EFFECTIVE DATES OF RATE/RULE FILINGS	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Illinois is "use and file" for medical liability rates and rules.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Medical liability insurance rates and rating schedule must be received at least annually and no later than 30 days after the effective date of any rate change or amendment.	Requesting 9/1/13 effective date.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
ADOPTIONS OF ADVISORY ORGANIZATION FILINGS	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurer must file all rates and rules on its own behalf.	<a href="#">50 IL Adm. Code 929</a>	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	Filing being submitted by company.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
COPIES, RETURN ENVELOPES, ETC.	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Requirement for duplicate copies and return envelope with adequate postage.	<a href="#">50 IL Adm. Code 929</a>	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	Filed via SERFF
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
COVER LETTER & EXPLANATORY MEMORANDUM	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Two copies of a submission letter are required, and the submission letter must contain the information specified.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a> <a href="#">Company Bulletin 88-53</a> <a href="#">Actuarial Certification Form</a> <a href="#">NAIC Uniform Transmittal Form</a> <a href="#">Company Bulletin 2012-03(EFT)</a>	All filings must be accompanied by a submission letter which includes all of the following information:  1) Exact name of the company making the filing. 2) Federal Employer Identification Number (FEIN) of the company making the filing. 3) Unique filing identification number - may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as	See General Description Tab in SERFF  See Companies & Contacts tab.  See Companies & Contacts tab.  See Company Tracking Number
"Me too" filings are not allowed.			
Use of NAIC Uniform Transmittal form is acceptable as long as all			

required information is included.

the pending filing or the revision(s) will be considered a new filing.

4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix).

See Filing Description under General Information tab.

5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify all changes in superseding filings, and all superseded filings, including the following information:

See Filing Description under General Information tab.

- Copy of the rate/rule section(s) being changed by the filing with all changes clearly highlighted or otherwise identified.
- All pages that are being completely superseded or replaced with new pages.
- Pages that are being withdrawn and not being replaced.
- New pages that are being added to the superseded filing.
- Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers.

Entire Rate/Rule Manual is being replaced, see Rate/Rule tab.

6) Effective date of use.

Requesting 9-1-13.

7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Department.

Supporting Documentation

Companies under the same ownership or general management are required to make separate, individual company filings. Company Group ("Me too") filings are unacceptable.

This is an individual filing not a "me too" filing.

If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Department will accept such form, as long as all information required in this section is properly included.

See filing description in SERFF

#### DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

#### FORM RF-3 SUMMARY SHEET

#### REFERENCE

**NOTE:** These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.

#### LOCATION OF STANDARD IN FILING

For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.

[50 IL Adm. Code 929](#)  
[Form RF-3 Summary Sheet](#)

For any rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Department's Property & Casualty Compliance Section no later than the stated effective date of use.

RF-3 attached to Supporting Documentation tab.

Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability"

See company info under Rate/Rule attached in SERFF.

		on the "Other" descriptive line. Do not list the information on the "Other Liability" line.	
		If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business.	Not combined with other lines of business.
		The RF-3 form must indicate whether the information is "exact" or "estimated."	Exact
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
CLAIMS MADE REQUIREMENTS	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Extended reporting period (tail coverage) requirements.	215 ILCS 5/143(2) Company Bulletin 88-50	When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals:	
		<ul style="list-style-type: none"> <li>• Offer of an extended reporting period (tail coverage) of at least 12 months. The rate/rule manual must specify whether the extended reporting period is unlimited or indicate its term (i.e. number of years).***</li> </ul>	Rate/Rule Manual page 18.
		<ul style="list-style-type: none"> <li>• Cost of the extended reporting period, which must be priced as a factor of one of the following:*** <ul style="list-style-type: none"> <li>o The last 12 months' premium.</li> <li>o The premium in effect at policy issuance.</li> <li>o The expiring annual premium.</li> </ul> </li> </ul>	F-IL-5002 Endorsement
		•List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium.	
		Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated.	CM Pol (0612) IX. Extended Reporting Endorsement
		<ul style="list-style-type: none"> <li>•Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request.</li> </ul>	See above.
		<ul style="list-style-type: none"> <li>•Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.***</li> </ul>	
		***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must:	

		<ul style="list-style-type: none"> <li>• Offer free 5-year extended reporting period (tail coverage) or</li> <li>• Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration)</li> <li>• Cap the premium at 200% of the annual premium of the expiring policy; and</li> <li>• Give the insured a free-60 day period after the end of the policy to request the coverage.</li> </ul>	See above.
GROUP MEDICAL LIABILITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	50 IL Adm. Code 906	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	Not writing group business.
CANCELLATION & NONRENEWAL PROVISION REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	Included in Rate/Rule Manual.
ACTUARIAL REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Rates shall not be excessive, inadequate, or unfairly discriminatory.	215 ILCS 5/155.18	In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory.	Acknowledged
		Rate and rule manual provisions should be defined and explained in a manner that allows the Department to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific	See Rate/Rule Manual located in Rate/Rule Schedule tab.

		premium/discount an insured or applicant would receive.	
		The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a hearing.	Acknowledged
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
PRICING	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall consider certain information when developing medical liability rates.	215 ILCS 5/155.18	Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois.  Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.  The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subDepartment or combination thereof.	See Actuarial Memo located on Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
MINIMUM PREMIUM RULES	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers may group or classify risks for establishing rates and minimum premiums.	215 ILCS 5/155.18	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Rate/Rule Manual page 1-2 - Rates/Territories and page 3 Classifications
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
INDIVIDUAL RISK RATING	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	215 ILCS 5/155.18	Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses	See Actuarial Memo, item 4 Classifications in Supporting Documentation tab.



		<p>or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations, and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.</p>	
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
DISCRIMINATION	REFERENCE	<p>NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.</p>	LOCATION OF STANDARD IN FILING
Civil Union Partnerships-effective June 1, 2011	<a href="#">Public Act 96-1513</a> <a href="#">Company Bulletin 2011-06</a> <a href="#">Civil Union Fact Sheet</a>	The Religious Freedom Protection and Civil Union Act (Public Act 96-1513) will allow both same-sex and different-sex couples to enter into a civil union with all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples.	Acknowledged
		Please note that whenever a policy form, application, or rating rule includes the terms "spouse," "married," or "immediate family member" it is required that parties to a civil union be included in these definitions.	Acknowledged
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
RISK CLASSIFICATION	REFERENCE	<p>NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.</p>	LOCATION OF STANDARD IN FILING
Risks may be grouped by classifications.	<a href="#">215 ILCS 5/155.18</a>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	See Page 13 in Rate/Rule Manual.
Rating decisions based solely on domestic violence.	<a href="#">215 ILCS 5/155.22b</a>	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	Acknowledged
Unfair methods of competition or unfair or deceptive acts or practices defined.	<a href="#">215 ILCS 5/424(3)</a>	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	Acknowledged
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	<a href="#">215 ILCS 5/429</a>	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Acknowledged
TERRITORIAL DEFINITIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF

		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	STANDARD IN FILING
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	<a href="#">215 ILCS 5/155.18</a>	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Department does not need to request additional information.	See Rate/Rule Manual page 1-2.
ACTUARIAL CERTIFICATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a> <a href="#">Actuarial Certification Form</a>	Every rate and/or rating rule filing must include a certification by an officer of the company and a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience.  Insurers may use their own form or may use the sample form created by the Department.	See Actuarial Certification under Supporting Documentation tab.
ACTUARIAL OR STATISTICAL INFORMATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Director may request actuarial and statistical information.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof.  If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Acknowledged  Acknowledged
EXPLANATORY MEMORANDUM	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that	

		forms are fully compliant before filing with the Department of Insurance.	
Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The explanatory memorandum shall contain, at minimum, the following information:	See Actuarial Memo under Supporting Documentation tab.
		<ul style="list-style-type: none"> <li>• Explanation of ratemaking methodologies.</li> <li>• Explanations of specific changes included in the filing.</li> <li>• Narrative that will assist in understanding the filing.</li> </ul>	
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
SUMMARY OF EFFECTS EXHIBIT	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	See Actuarial Memo under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
ACTUARIAL INDICATION	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall include actuarial support justifying the overall changes being made.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include actuarial support justifying the overall changes being made, including but not limited to: <ul style="list-style-type: none"> <li>• Pure premiums (if used).</li> <li>• Earned premiums.</li> <li>• Incurred losses.</li> <li>• Loss development factors.</li> <li>• Trend factors.</li> <li>• On-Level factors.</li> <li>• Permissible loss ratios, etc.</li> </ul>	See Actuarial Memo and Exhibits under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
LOSS DEVELOPMENT FACTORS AND ANALYSIS	REFERENCE	NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall include support for loss development factors and analysis.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	See Actuarial Memo under Supporting Documentation tab.
ULTIMATE LOSS SELECTIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF

		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	STANDARD IN FILING
Insurers shall include support for ultimate loss selections.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	See Actuarial Memo, Exhibit 2 under Supporting Documentation tab.
TREND FACTORS AND ANALYSIS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
Insurers shall include support for trend factors and analysis.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	See Actuarial Memo, Exhibit 1 under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
ON-LEVEL FACTORS AND ANALYSIS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Insurers shall include support for on-level factors and analysis.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	See Actuarial Memo, Exhibit 1 under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
LOSS ADJUSTMENT EXPENSES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Insurers shall include support for loss adjustment expenses.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	See Actuarial Memo, Exhibit 2 under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
EXPENSE EXHIBIT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Insurers shall include an expense exhibit. Insurers may use expense provisions that differ	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections.	See Actuarial Memo, Exhibit 3 under Supporting Documentation tab.

from those of other companies or groups of companies.

The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subDepartment or combination thereof.

Acknowledged

		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS		
INVESTMENT INCOME CALCULATION	REFERENCE		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall include an exhibit for investment income calculation.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.		See Actuarial Memo, Exhibit 4 under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS		
PROFIT AND CONTINGENCIES CALCULATION	REFERENCE		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall include an exhibit for profit and contingencies load.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.		See Actuarial Memo, Exhibit 4 under Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS		
CREDIBILITY STANDARD USED	REFERENCE		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers shall include the number of claims being used to calculate the credibility factor.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.		See Actuarial Memo, Exhibit 1, item 10 footnote #4.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS		
OTHER ACTUARIAL INFORMATION REQUIRED	REFERENCE		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	LOCATION OF STANDARD IN FILING
Insurers must include the information described in this section.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a>	Insurers shall also include the following information: •All actuarial support/justification for all rates being changed, including but not limited to changes in:  o Base rates; o Territory definitions; o Territory factor changes;		Included in Actuarial Memo located in Supporting Documentation tab.

		<ul style="list-style-type: none"> <li>o Classification factor changes;</li> <li>o Classification definition changes;</li> <li>o Changes to schedule credits/debits, etc.</li> </ul>	
		<ul style="list-style-type: none"> <li>•Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed.</li> <li>•Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist.</li> </ul>	Included in Actuarial Memo located in Supporting Documentation tab.
		DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	
SCHEDULE RATING	REFERENCE	<p>NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.</p>	LOCATION OF STANDARD IN FILING
Insurers must include the described information described at right.	<a href="#">215 ILCS 5/155.18</a> <a href="#">50 IL Adm. Code 929</a> <a href="#">Company Bulletin CB 2001-05</a>	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Included in Actuarial Memo located in Supporting Documentation tab.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Fortress Insurance Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0006 Dentists - General Practice		
<b>Product Name:</b>	Dental Professional Liability		
<b>Project Name/Number:</b>	FD-IL-R1-0113/FD-IL-R1-0113		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/04/2013		Rate	IL Rate/Rule Manual	02/01/2013	F-IL-RR (09-13).pdf (Superceded)
12/03/2012		Supporting Document	Form RF3 - (Summary Sheet)	01/24/2013	Form RF-3.pdf (Superceded)
12/03/2012		Supporting Document	Manual	02/01/2013	IL new-old rule-rate locations.pdf Compare IL Rate Rule Manual.pdf (Superceded)



**FORTRESS INSURANCE COMPANY**

**ILLINOIS**

**DENTAL PROFESSIONAL LIABILITY INSURANCE**

**RATE/RULE MANUAL**



**RATING RULES FOR  
DENTAL PROFESSIONAL LIABILITY INSURANCE**

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<b>Rule</b>	<b>Page Number</b>
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Territory 1 – Rates .....	1,2
Territory 2 – Rates .....	3,4
Eligibility Fortress Individual Coverage.....	5
Eligibility Fortress Entity Coverage .....	6,7
Eligibility Coverage for Dental Candidates .....	8
Policy Characteristics.....	9
Policy Issued	
Policy Term	
Policy Type of Coverage	
Policy Termination or Conditional Renewal	
Premium Characteristics .....	10
Premiums	
Computation of Return Premium	
Rounding of Premium	
Risk Management Credit	
Maximum Premium Discount or Credit	
New Dentist Discount .....	11
Loss Free Credit.....	12
Rating Characteristics .....	13
Rating Territory	
Specialty Rating Classifications	
Rating of Adverse Loss Experience.....	14
Surcharge	
Deductibles	
Rating Parameters for Qualifying Endorsement	
Suspension of Insurance .....	15
Locum Tenens.....	16
Part-Time Practice Discounts .....	17
Reporting Endorsement .....	18

**FORTRESS INSURANCE COMPANY  
ILLINOIS RATES**

**Territory 1 - Cook County**

<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$507	\$919	\$1,166	\$1,289	\$1,371
\$500,000/\$1,000,000	\$564	\$1,022	\$1,297	\$1,434	\$1,525
\$1,000,000/\$3,000,000	\$634	\$1,148	\$1,457	\$1,611	\$1,714
\$2,000,000/\$6,000,000	\$713	\$1,292	\$1,639	\$1,813	\$1,928

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$634	\$1,148	\$1,457	\$1,611	\$1,714
\$500,000/\$1,000,000	\$706	\$1,278	\$1,621	\$1,792	\$1,907
\$1,000,000/\$3,000,000	\$793	\$1,435	\$1,821	\$2,014	\$2,143
\$2,000,000/\$6,000,000	\$892	\$1,615	\$2,049	\$2,266	\$2,410

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$2,029	\$3,675	\$4,662	\$5,156	\$5,485
\$500,000/\$1,000,000	\$2,258	\$4,088	\$5,187	\$5,736	\$6,102
\$1,000,000/\$3,000,000	\$2,537	\$4,594	\$5,828	\$6,445	\$6,856
\$2,000,000/\$6,000,000	\$2,854	\$5,168	\$6,556	\$7,250	\$7,713

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b>\$250,000/ \$750,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$3,000,000</b>	<b>\$2,000,000/ \$6,000,000</b>
Class I	\$1,522	\$1,693	\$1,903	\$2,140
Class I-F	\$1,903	\$2,117	\$2,378	\$2,675
Class II	\$6,088	\$6,773	\$7,610	\$8,561

3



**FORTRESS INSURANCE COMPANY  
ILLINOIS RATES**

**Territory 2 - Remainder of State**

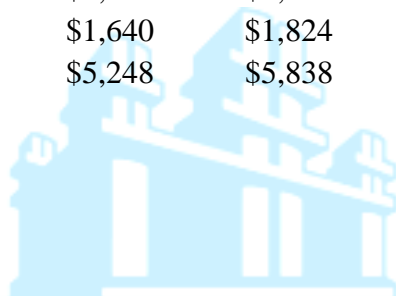
<u>Limits of Coverage</u>	<u>Class I</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$437	\$792	\$1,005	\$1,111	\$1,182
\$500,000/\$1,000,000	\$487	\$881	\$1,118	\$1,236	\$1,315
\$1,000,000/\$3,000,000	\$547	\$990	\$1,256	\$1,389	\$1,477
\$2,000,000/\$6,000,000	\$615	\$1,114	\$1,413	\$1,562	\$1,662

<u>Limits of Coverage</u>	<u>Class I-F</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$547	\$990	\$1,256	\$1,389	\$1,477
\$500,000/\$1,000,000	\$608	\$1,101	\$1,397	\$1,545	\$1,644
\$1,000,000/\$3,000,000	\$683	\$1,237	\$1,570	\$1,736	\$1,847
\$2,000,000/\$6,000,000	\$769	\$1,392	\$1,766	\$1,953	\$2,078

<u>Limits of Coverage</u>	<u>Class II</u> <u>Claims-Made Maturity</u>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
\$250,000/\$750,000	\$1,749	\$3,168	\$4,019	\$4,444	\$4,728
\$500,000/\$1,000,000	\$1,946	\$3,524	\$4,471	\$4,944	\$5,260
\$1,000,000/\$3,000,000	\$2,187	\$3,960	\$5,023	\$5,555	\$5,910
\$2,000,000/\$6,000,000	\$2,460	\$4,455	\$5,651	\$6,250	\$6,649

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b>\$250,000/ \$750,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$3,000,000</b>	<b>\$2,000,000/ \$6,000,000</b>
Class I	\$1,312	\$1,460	\$1,640	\$1,845
Class I-F	\$1,640	\$1,824	\$2,050	\$2,306
Class II	\$5,248	\$5,838	\$6,560	\$7,380



FORTRESS

**Eligibility**

**Fortress Individual Coverage:**

In order for a dentist to be eligible for individual coverage, he or she must:

- a. Have a valid state license to actively practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a practice profile considered to be acceptable to the Company.



**FORTRESS**

**Eligibility (continued)**

**Fortress Entity Coverage:**

Fortress provides coverage for entities such as Professional Corporation, Association, Partnership or Limited Liability Company on a shared limit basis (additional insured) at no additional premium charge or by a separate entity policy at an additional premium charge, as outlined below:

**Shared Limit Basis (Additional Insured)**

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he/she owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an entity, which maintains a Fortress Entity policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an entity created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

**Separate Limit Basis (Entity Policy)**

To be considered for a separate limit the following criteria must be met:

- 1. A minimum of 75% of the affiliated dentists must be insured with Fortress and maintain limits greater than or equal to the entity.
- 2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the entity. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
- 3. All dentists who maintain an ownership interest in the entity must be insured with Fortress.

**Eligibility (continued)**

**Separate Limit Basis (Entity Policy) (continued)**

The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if a claims-made policy is issued), for each dentist insured by another carrier.



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# FORTRESS



**Eligibility (continued)**

**Coverage for Dental Candidates**

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.



FORTRESS

### **Policy Characteristics**

#### **Policy Issued**

A policy in a form approved by the Insurance Department will be delivered to the named insured.

#### **Policy Term**

The policy period shall be for a one-year term, unless it is part of an entity policy and the insured joins the entity. In this instance, a policy will be issued to coincide with the entity policy's expiration date.

#### **Policy Type of Coverage**

Coverage will be issued by the Company on either an occurrence policy or a claims-made policy basis at the approved rates and conditions applicable to this type of insurance.

#### **Policy Termination or Conditional Renewal**

The policy may be cancelled by the insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the State of Illinois.

## **Premium Characteristics**

### **Premiums**

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all insureds except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.

### **Computation of Return Premium**

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.

### **Rounding of Premium**

All premium shall be rounded to the nearest dollar.

### **Risk Management Credits**

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within three months of the effective date of the current policy period, the first of the three year credit will be applied to the current policy period.

### **Maximum Premium Discount or Credit**

Insured's that qualify for multiple premium discounts or credits shall not exceed 70% off the base premium rates, except for Suspension of Insurance.

**Premium Characteristics (continued)**

**New Dentist Discount**

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

**First Year**

	Class I & I-F	Class II	Not otherwise classified
Claims Made	\$50	\$175	\$300
Occurrence	\$100	\$350	\$600

Second Year	40% Premium Credit
Third Year	25% Premium Credit

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims-made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

*First Year Fee X Tail Factor.*

## **Premium Characteristics (continued)**

### **Loss Free Credit**

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must have five years of eligible loss free experience. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups.

### **Rating Characteristics**

#### **Rating Territory**

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

#### **Specialty Rating Classifications**

<b>Class</b>	<b>Specialty/Classification</b>
<b>Class I</b>	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
<b>Class I-F</b>	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
<b>Class II</b>	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

**Rating of Adverse Loss Experience**

**Schedule Rating Program**

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

**The maximum schedule debit (surcharge) is 25%.**

Refer to "Loss Free Credit" for applicable discount due to favorable loss experience.

**Deductibles**

Insured's who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.

### **Rating Parameters for Qualifying Endorsement**

#### **Suspension of Insurance**

On occasion, a dentist may cease practicing temporarily for an extended period, although it is his or her intention to return to private practice. In these situations, it is not feasible for the dentist to cancel his or her policy, purchase tail coverage, and reapply for a new policy upon his or her return to private practice. In order to accommodate these dentists, Fortress offers the option of Suspension of Insurance. All requests for Suspension of Insurance must be approved by an underwriter.

The Suspension of Insurance endorsement allows the insured to report incidents, claims, and suits that arise from professional services rendered prior to the effective date of the suspension of insurance endorsement and after the retroactive date of the policy. There is no coverage for professional services rendered during the period of suspension.

The following are the guidelines for this type of exposure:

- 1) Suspension Period - minimum 3 months and maximum two (2) years. Retroactive requests for suspension will be considered up to 30 days prior to the receipt of the original request.
- 2) If less than mature rate, claims-made step would not advance during the period of suspension. Step rating will resume once the Suspension of Insurance endorsement has been deleted.
- 3) Renewals will be processed in the same manner as active policies.
- 4) Because the insured is able to report claims during the Suspension of Insurance period, a premium charge of 15% of the premium will be made.
- 5) Eligibility requirements:
  - a. attendance at a full-time approved training program;
  - b. maternity/child care/family care leave;
  - c. \* illness or temporary disability;
  - d. other approved sabbatical leave.
- 6) The premium for Suspension of Insurance due to Active Military Duty will be discounted by 100%.

\* For all requests for Suspension that involve illness or temporary disability, a letter from the insured's treating physician will be required for Underwriting consideration. Such letter will include: The diagnosis and prognosis and restriction to the dentist's ability to practice dentistry.

Note: The maximum credit towards final retirement tail that can be earned while on Suspension shall not exceed 20%.



**Rating Parameters for Qualifying Endorsement (continued)**

**Locum Tenens**

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our insureds with the following guidelines:

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and entity policies. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

**Rating Parameters for Qualifying Endorsement (continued)**

**Part-Time Practice Discount**

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
  - a) maintain a private practice of less than 20 hours per week or 1000 hours per year and
  - b) provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

$$\text{Base rate} \times .50 (50\%)$$

**Rating Parameters for Qualifying Endorsement (continued)**

**Extended Reporting (Tail) Coverage**

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

**Reporting Endorsement Calculation for Individual Risks:**

Expiring Annual Premium

X 1.31

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= *Reporting Endorsement Premium*

**Reporting Endorsement Calculation for Corporate Risks:**

Expiring Annual Premium

X 1.31

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= *Reporting Endorsement Premium*

\* Note: Suspension of Insurance credit will not be included in the calculation.

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 09/01/2013.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Dental Med Malpractice	\$963,305 at 12/31/2011	+6.0%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,

specify:

Filing applies to all classes and two territories: Cook County and

Remainder of State

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Increase of 6.0% which will affect every policyholder.

Also filing updates to the Rate/Rule manual.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Fortress Insurance Company

Name of Company

Erica Ames, Regulatory Analyst

Official – Title



**FORTRESS INSURANCE COMPANY**

**ILLINOIS**

**DENTAL PROFESSIONAL LIABILITY INSURANCE**

**ILLINOIS**

# **RATE/RULE MANUAL**

**Rule**

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**RATING RULES FOR**  
**DENTAL PROFESSIONAL LIABILITY INSURANCE**

**Rule**

**Page Number**

<u>Territory 1 Rates .....</u>	<u>1/2</u>
<u>Territory 2 Rates .....</u>	<u>3/4</u>
<u>Eligibility .....</u>	<u>5</u>
<u>Policy Issued .....</u>	<u>6</u>
<u>Policy Term .....</u>	<u>7</u>
<u>Premiums .....</u>	<u>8</u>
<u>Basis of Coverage .....</u>	<u>9</u>
<u>Policy Limits .....</u>	<u>10</u>
<u>Classifications .....</u>	<u>11</u>
<u>Professional Corporation, Association or Partnership .....</u>	<u>12</u>
<u>Rating .....</u>	<u>13</u>
<u>Deductibles .....</u>	<u>14</u>
<u>Schedule Rating Program .....</u>	<u>15</u>
<u>Termination or Conditional Renewal .....</u>	<u>16</u>
<u>Computation of Return Premium .....</u>	<u>17</u>
<u>Extended Reporting (Tail) Coverage .....</u>	<u>18</u>
<u>Suspension of Insurance .....</u>	<u>19</u>
<u>New Dentist Discount .....</u>	<u>20</u>
<u>Part-Time Practice Discounts .....</u>	<u>21</u>
<u>Risk Management Credits .....</u>	<u>22</u>
<u>Coverage for Dental District Society .....</u>	<u>23</u>
<u>Sale of Practice Additional Insured Endorsement Coverage .....</u>	<u>24</u>
<u>Coverage for Dental Candidates .....</u>	<u>25</u>
<u>Locum Tenens .....</u>	<u>26</u>
<u>Loss Free Credit .....</u>	<u>27</u>
<u>Territory 1 – Rates .....</u>	<u>1,2</u>
<u>Territory 2 – Rates .....</u>	<u>3,4</u>
<u>Eligibility Fortress Individual Coverage .....</u>	<u>5</u>



**RATING RULES FOR**  
**DENTAL PROFESSIONAL LIABILITY INSURANCE**

<u>Eligibility Fortress Entity Coverage .....</u>	<u>6,7</u>
<u>Eligibility Coverage for Dental Candidates .....</u>	<u>8</u>
<u>Policy Characteristics.....</u>	<u>9</u>
<u>Policy Issued</u>	
<u>Policy Term</u>	
<u>Policy Type of Coverage</u>	
<u>Policy Termination or Conditional Renewal</u>	
<u>Premium Characteristics .....</u>	<u>10</u>
<u>Premiums</u>	
<u>Computation of Return Premium</u>	
<u>Rounding of Premium</u>	
<u>Risk Management Credit</u>	
<u>Maximum Premium Discount or Credit</u>	
<u>New Dentist Discount .....</u>	<u>11</u>
<u>Loss Free Credit.....</u>	<u>12</u>
<u>Rating Characteristics .....</u>	<u>13</u>
<u>Rating Territory</u>	
<u>Specialty Rating Classifications</u>	
<u>Rating of Adverse Loss Experience.....</u>	<u>14</u>
<u>Surcharge</u>	
<u>Deductibles</u>	
<u>Rating Parameters for Qualifying Endorsement</u>	
<u>Suspension of Insurance .....</u>	<u>15</u>
<u>Locum Tenens.....</u>	<u>16</u>
<u>Part-Time Practice Discounts .....</u>	<u>17</u>
<u>Reporting Endorsement .....</u>	<u>18</u>

**FORTRESS INSURANCE COMPANY  
ILLINOIS RATES**

**Territory 1—Cook County**

**Territory 1 - Cook County**

<b><u>Limits of Coverage</u></b>	<b><u>Class I</u></b> <b><u>Claims-Made Maturity</u></b>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$507</u>	<u>\$919</u>	<u>\$1,166</u>	<u>\$1,289</u>	<u>\$1,371</u>
<u>\$500,000/\$1,000,000</u>	<u>\$564</u>	<u>\$1,022</u>	<u>\$1,297</u>	<u>\$1,434</u>	<u>\$1,525</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$634</u>	<u>\$1,148</u>	<u>\$1,457</u>	<u>\$1,611</u>	<u>\$1,714</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$713</u>	<u>\$1,292</u>	<u>\$1,639</u>	<u>\$1,813</u>	<u>\$1,928</u>

<b><u>Limits of Coverage</u></b>	<b><u>Class I-F</u></b> <b><u>Claims-Made Maturity</u></b>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$634</u>	<u>\$1,148</u>	<u>\$1,457</u>	<u>\$1,611</u>	<u>\$1,714</u>
<u>\$500,000/\$1,000,000</u>	<u>\$706</u>	<u>\$1,278</u>	<u>\$1,621</u>	<u>\$1,792</u>	<u>\$1,907</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$793</u>	<u>\$1,435</u>	<u>\$1,821</u>	<u>\$2,014</u>	<u>\$2,143</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$892</u>	<u>\$1,615</u>	<u>\$2,049</u>	<u>\$2,266</u>	<u>\$2,410</u>

<b><u>Limits of Coverage</u></b>	<b><u>Class II</u></b> <b><u>Claims-Made Maturity</u></b>				
	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>5th Year</u>
<u>\$250,000/\$750,000</u>	<u>\$2,029</u>	<u>\$3,675</u>	<u>\$4,662</u>	<u>\$5,156</u>	<u>\$5,485</u>
<u>\$500,000/\$1,000,000</u>	<u>\$2,258</u>	<u>\$4,088</u>	<u>\$5,187</u>	<u>\$5,736</u>	<u>\$6,102</u>
<u>\$1,000,000/\$3,000,000</u>	<u>\$2,537</u>	<u>\$4,594</u>	<u>\$5,828</u>	<u>\$6,445</u>	<u>\$6,856</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$2,854</u>	<u>\$5,168</u>	<u>\$6,556</u>	<u>\$7,250</u>	<u>\$7,713</u>

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b><u>\$250,000/ \$750,000</u></b>	<b><u>\$500,000/ \$1,000,000</u></b>	<b><u>\$1,000,000/ \$3,000,000</u></b>	<b><u>\$2,000,000/ \$6,000,000</u></b>
<b><u>Class I</u></b>	<b><u>\$1,522</u></b>	<b><u>\$1,693</u></b>	<b><u>\$1,903</u></b>	<b><u>\$2,140</u></b>
<b><u>Class I-F</u></b>	<b><u>\$1,903</u></b>	<b><u>\$2,117</u></b>	<b><u>\$2,378</u></b>	<b><u>\$2,675</u></b>
<b><u>Class II</u></b>	<b><u>\$6,088</u></b>	<b><u>\$6,773</u></b>	<b><u>\$7,610</u></b>	<b><u>\$8,561</u></b>

5



FORTRESS

**FORTRESS INSURANCE COMPANY**  
**ILLINOIS RATES**

**Territory 2 - Remainder of State**

<b><u>Limits of Coverage</u></b>	<b><u>Class I</u></b> <b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$ <u>479437</u>	\$ <u>867792</u>	\$1, <u>100005</u>	\$1, <u>216111</u>	\$1, <u>294182</u>
\$500,000/\$1,000,000	\$ <u>532487</u>	\$ <u>964881</u>	\$1, <u>223118</u>	\$1, <u>353236</u>	\$1, <u>439315</u>
\$1,000,000/\$3,000,000	\$ <u>598547</u>	\$1, <u>083990</u>	\$1, <u>374256</u>	\$1, <u>520389</u>	\$1, <u>617477</u>
\$2,000,000/\$6,000,000	\$ <u>673615</u>	\$1, <u>219114</u>	\$1, <u>546413</u>	\$1, <u>710562</u>	\$1, <u>819662</u>

<b><u>Limits of Coverage</u></b>	<b><u>Class I-F</u></b> <b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$ <u>598547</u>	\$1, <u>083990</u>	\$1, <u>374256</u>	\$1, <u>520389</u>	\$1, <u>617477</u>
\$500,000/\$1,000,000	\$ <u>666608</u>	\$1, <u>205101</u>	\$1, <u>529397</u>	\$1, <u>691545</u>	\$1, <u>799644</u>
\$1,000,000/\$3,000,000	\$ <u>748683</u>	\$1, <u>354237</u>	\$1, <u>718570</u>	\$1, <u>900736</u>	\$2, <u>0211,847</u>
\$2,000,000/\$6,000,000	\$ <u>841769</u>	\$1, <u>524392</u>	\$1, <u>933766</u>	\$2, <u>1371,953</u>	\$2, <u>274078</u>

<b><u>Limits of Coverage</u></b>	<b><u>Class II</u></b> <b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$1, <u>436749</u>	\$2, <u>6003,168</u>	\$3, <u>2994,019</u>	\$3, <u>6484,444</u>	\$3, <u>8814,728</u>
\$500,000/\$1,000,000	\$1, <u>597946</u>	\$2, <u>8933,524</u>	\$3, <u>6704,471</u>	\$4, <u>058944</u>	\$4, <u>3175,260</u>
\$1,000,000/\$3,000,000	\$1, <u>7952,187</u>	\$3, <u>250960</u>	\$4, <u>1235,023</u>	\$4, <u>5605,555</u>	\$4, <u>8515,910</u>
<u>\$2,000,000/\$6,000,000</u>	<u>\$2,460</u>	<u>\$4,455</u>	<u>\$5,651</u>	<u>\$6,250</u>	<u>\$6,649</u>

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b>\$250,000/ \$750,000</b>	<b>\$500,000/ \$1,000,000</b>	<b>\$1,000,000/ \$3,000,000</b>	<b>\$2,000,000/ \$6,000,000</b>
Class I	\$1, <u>436,312</u>	\$1, <u>597,460</u>	\$1, <u>795,640</u>	\$2, <u>019,184</u> <u>5</u>
Class I-F	\$1, <u>795,640</u>	\$1, <u>997,824</u>	\$2, <u>244,050</u>	\$2, <u>524,306</u>
Class II	\$ <u>4,308,248</u>	\$ <u>4,792,838</u>	\$ <u>5,385,560</u>	\$ <u>7,380</u>

FORTRESS

**FORTRESS INSURANCE COMPANY**

**ILLINOIS RATES**

**Territory 2—Remainder of State**

<b><u>Limits of Coverage</u></b>	<b><u>Class I</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$413	\$747	\$948	\$1,048	\$1,115
\$500,000/\$1,000,000	\$459	\$831	\$1,054	\$1,166	\$1,241
\$1,000,000/\$3,000,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$2,000,000/\$6,000,000	\$580	\$1,051	\$1,333	\$1,474	\$1,568

<b><u>Limits of Coverage</u></b>	<b><u>Class I-F</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$516	\$934	\$1,185	\$1,310	\$1,394
\$500,000/\$1,000,000	\$574	\$1,039	\$1,318	\$1,458	\$1,551
\$1,000,000/\$3,000,000	\$645	\$1,167	\$1,481	\$1,638	\$1,742
\$2,000,000/\$6,000,000	\$725	\$1,313	\$1,666	\$1,843	\$1,960

<b><u>Limits of Coverage</u></b>	<b><u>Class II</u></b>				
	<b><u>Claims-Made Maturity</u></b>				
	<b><u>1st Year</u></b>	<b><u>2nd Year</u></b>	<b><u>3rd Year</u></b>	<b><u>4th Year</u></b>	<b><u>5th Year</u></b>
\$250,000/\$750,000	\$1,238	\$2,241	\$2,843	\$3,145	\$3,345
\$500,000/\$1,000,000	\$1,377	\$2,493	\$3,163	\$3,498	\$3,722
\$1,000,000/\$3,000,000	\$1,547	\$2,802	\$3,554	\$3,931	\$4,182

**Occurrence**

<b><u>Limits of Coverage</u></b>	<b><u>\$250,000/ \$750,000</u></b>	<b><u>\$500,000/ \$1,000,000</u></b>	<b><u>\$1,000,000/ \$3,000,000</u></b>	<b><u>\$2,000,000/ \$6,000,000</u></b>
Class-I	\$1,238	\$1,377	\$1,547	\$1,741
Class-I-F	\$1,547	\$1,721	\$1,934	\$2,176
Class-II	\$3,713	\$4,131	\$4,642	



# FORTRESS

**Eligibility**



# FORTRESS



**Eligibility**

**Fortress Individual Coverage:**

In order for a dentist to be eligible for individual coverage, he or she must:

- a. Have a valid state license to actively practice dentistry;
- b. Not have knowingly made or caused to be made a false statement or misrepresentation of a material fact in applying for insurance.
- c. Have a ~~claims and~~ practice historyprofile considered to be acceptable to the Company.



FORTRESS

**Eligibility (continued)**

**Fortress Entity Coverage:**

Fortress provides coverage for entities such as Professional Corporation, Association, Partnership or Limited Liability Company on a shared limit basis (additional insured) at no additional premium charge or by a separate entity policy at an additional premium charge, as outlined below:

**Shared Limit Basis (Additional Insured)**

- A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he/she owns 100%.
- B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an entity, which maintains a Fortress Entity policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an entity created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).

**Separate Limit Basis (Entity Policy)**

To be considered for a separate limit the following criteria must be met:

1. A minimum of 75% of the affiliated dentists must be insured with Fortress and maintain limits greater than or equal to the entity.
2. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the entity. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.
3. All dentists who maintain an ownership interest in the entity must be insured with Fortress.

**Eligibility (continued)**

**Separate Limit Basis (Entity Policy) (continued)**

The premium will be calculated as follows:

1. 10% of the premium for each dentist insured by the Company;
2. 20% of the premium calculated at the Company's rates (mature rate if a claims-made policy is issued), for each dentist insured by another carrier.



FORTRESS

**Eligibility (continued)**

**Coverage for Dental Candidates**

Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.

All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.

After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.

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FORTRESS

**Policy Issued**



# FORTRESS

**Policy Characteristics**

**Policy Issued**

A policy in a form approved by the Insurance Department will be delivered to ~~each dentist~~  
~~insured upon receipt of the appropriate premium from said dentist~~the named insured.



FORTRESS

**Policy Term**

**Policy Term**

The policy period shall be for a one-year term, unless it is part of an entity policy and the insured joins the entity. In this instance, a policy will be issued to coincide with the entity policy's expiration date.

**Policy Type of Coverage**

Coverage will be issued by the Company on each policy either an occurrence policy or a claims-made policy basis at the approved rates and conditions applicable to this type of insurance will be stated in the Declarations Page.

**Policy Termination or Conditional Renewal**

The policy may be cancelled by the insured at any time by submitting written notice to the Company or by surrender of the policy when issued. Unless otherwise requested by the dentist, policies will be written for a period to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of one year the Company, as provided for under the Insurance Laws of the State of Illinois.

Premiums  
Premium Characteristics

Premiums

Premiums payable on each policy of insurance will be stated on a Declarations Page of the policy when issued. Premiums are due and payable at the inception of the policy term, except that installment payments of annual premiums shall be permitted as follows: 25% of such premium shall be due on the policy inception date and 25% of such premium shall be due three, six and nine months thereafter. The installment payment option shall be available to all ~~insured~~insureds except for those dentists who have been delinquent in their payments on more than two occasions in the past three years. No additional charge will be applied for installment payments.

FORTRESS



**Basis of Coverage**

**Computation of Return Premium**

~~Coverage will be issued by the Company on a claims-made or occurrence basis at the approved rates and conditions applicable to this type of insurance.~~



# FORTRESS

**Policy Limits**

~~The minimum policy limits offered by the Company to dentists will be \$250,000 per patient and \$750,000 total limit. Increased limits will be available up to \$2,000,000 per patient and \$6,000,000 total limit.~~



# FORTRESS

**Classifications**

Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.

**Rounding of Premium**

All premium shall be rounded to the nearest dollar.

**Risk Management Credits**

A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within three months of the effective date of the current policy period, the first of the three year credit will be applied to the current policy period.

**Maximum Premium Discount or Credit**

Insured's that qualify for multiple premium discounts or credits shall not exceed 70% off the base premium rates, except for Suspension of Insurance.

**Premium Characteristics (continued)**

**New Dentist Discount**

The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)

The premium will be calculated as follows:

First Year

	<u>Class I &amp; I-F</u>	<u>Class II</u>	<u>Not otherwise classified</u>
<u>Claims Made</u>	<u>\$50</u>	<u>\$175</u>	<u>\$300</u>
<u>Occurrence</u>	<u>\$100</u>	<u>\$350</u>	<u>\$600</u>

<u>Second Year</u>	<u>40% Premium Credit</u>
<u>Third Year</u>	<u>25% Premium Credit</u>

Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.

The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part-Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.

In the event of cancellation of a claims-made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:

*First Year Fee X Tail Factor.*

**Premium Characteristics (continued)**

**Loss Free Credit**

Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.

For purposes of this program “loss” has been defined as any of the following occurring during the evaluation period:

- Any claim with an indemnity payment, regardless of amount;
- Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.

If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.

The loss free credit will be extended over loss free years based on the following guidelines:

- The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.
- The applicant/insured must have five years of eligible loss free experience. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups.

**Rating Characteristics**

**Rating Territory**

The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.

**Specialty Rating Classifications**

<b>Class</b>	<b>Specialty/Classification</b>
<b>Class I</b>	General Dentistry
	Endodontics
	Pediatric Dentistry
	Orthodontics
	Dental Public Health
	Prosthodontics
	Periodontics
<b>Class I-F</b>	Oral & Maxillofacial Radiology
	Oral & Maxillofacial Pathology
	Dentists defined in Class I who administer moderate sedation, or who treat patients under moderate sedation (includes IV/IM and multi-dose oral sedation) or deep sedation (general anesthesia)
	Dentists defined in Class I who perform surgical placement of implants or extraction of impacted teeth
<b>Class II</b>	Dental Anesthesiology
	Dentists defined in Class I and Class I-F who administer moderate sedation to patients other than their own, or who administer deep sedation (general anesthesia)

**Professional Corporation, Association or Partnership**  
**Rating of Adverse Loss Experience**

**Schedule Rating Program**

~~Fortress provides coverage for organizations on a shared limit basis (additional insured) and via a separate organization policy as outlined below:~~

**Shared Limit Basis (Additional Insured)**

- ~~A. Coverage for a dentist's sole shareholder corporation is available under his/her individual policy. A dentist may not add a corporation as an additional insured on his/her policy unless it is a sole shareholder corporation or entity, which he owns 100%.~~
- ~~B. Coverage may be provided on a shared limit basis to corporate entities owned 100% by an organization, which maintains a Fortress Organization policy. The additional insured entity must be endorsed onto the Fortress policy for coverage to apply. An example of an acceptable additional insured would be an organization created and 100% owned by the named insured entity to perform administrative duties for the named insured or a practice site 100% owned by the named insured operating under a separate corporate entity or trade name (DBA).~~

**Separate Limit Basis (Organization Policy)**

~~Coverage may be provided via a separate organization policy for an additional premium. The premium will be calculated as follows:~~

- ~~1. 1. 10% of the premium for each dentist insured by the Company;~~
- ~~2. 20% of the premium calculated at the Company's rates (mature rate if claims made policy is issued), for each dentist insured by another carrier.~~

~~To be considered for a separate limit policy the following criteria must be met:~~

- ~~1. A minimum of 75% of the underlying dentists must be insured with Fortress and maintain limits greater than or equal to the Organization.~~
- ~~2.1. Dentists not insured with Fortress must demonstrate continuous insurance and maintain limits of liability greater than or equal to the Organization. Certificates of insurance or a copy of their Declarations Page should be provided to Fortress.~~
- ~~3.1. All dentists who maintain an ownership interest in the organization must be insured with Fortress.~~

**Rating**

~~The location of the dental practice determines the rating territory of an insured. If an insured practices in more than one territory, the higher rated territory shall be used to determine his or her premium.~~

~~The Territorial definitions are:~~

~~Territory 1—Cook County  
Territory 2—Remainder of state.~~



# FORTRESS



**Deductibles**

~~Insured who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.~~



# FORTRESS

**Schedule Rating Program**

The Company may apply a schedule credit or debit, based on underwriting judgment, to policyholders who demonstrate certain risk characteristics not contemplated in the filed rate structure. The underwriter will consider the following when determining whether to apply a schedule credit or debit:

- a. Historical loss experience;
- b. Claim anomalies in the historical loss experience;
- c. Cumulative number of years of patient experience;
- d. Management control procedures.

In recognition of the above factors, the Company will apply a credit or debit to the applicable rate based on the overall evaluation of the risk.

**The maximum schedule debit (surcharge) is 25%.**

Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.

**Deductibles**

Insured's who present additional risk exposure may be provided insurance subject to a policy deductible of up to \$25,000 per claim/\$75,000 annual aggregate.

## Rating Parameters for Qualifying Endorsement

### Suspension of Insurance

On occasion, a dentist may cease practicing temporarily for an extended period, although it is his or her intention to return to private practice. In these situations, it is not feasible for the dentist to cancel his or her policy, purchase tail coverage, and reapply for a new policy upon his or her return to private practice. In order to accommodate these dentists, Fortress offers the option of Suspension of Insurance. All requests for Suspension of Insurance must be approved by an underwriter.

The Suspension of Insurance endorsement allows the insured to report incidents, claims, and suits that arise from professional services rendered prior to the effective date of the suspension of insurance endorsement and after the retroactive date of the policy. There is no coverage for professional services rendered during the period of suspension.

The following are the guidelines for this type of exposure:

- 1) Suspension Period - minimum 3 months and maximum two (2) years. Retroactive requests for suspension will be considered up to 30 days prior to the receipt of the original request.
- 2) If less than mature rate, claims-made step would not advance during the period of suspension. Step rating will resume once the Suspension of Insurance endorsement has been deleted.
- 3) Renewals will be processed in the same manner as active policies.
- 4) Because the insured is able to report claims during the Suspension of Insurance period, a premium charge of 15% of the premium will be made.
- 5) Eligibility requirements:
  - a. attendance at a full-time approved training program;
  - b. maternity/child care/family care leave;
  - c. \* illness or temporary disability;
  - d. other approved sabbatical leave.
- 6) The premium for Suspension of Insurance due to Active Military Duty will be discounted by 100%.

\* For all requests for Suspension that involve illness or temporary disability, a letter from the insured's treating physician will be required for Underwriting consideration. Such letter will include: The diagnosis and prognosis and restriction to the dentist's ability to practice dentistry.

Note: The maximum credit towards final retirement tail that can be earned while on Suspension shall not exceed 20%.

**Rating Parameters for Qualifying Endorsement (continued)**

**Locum Tenens**

Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.

This is available to our **insureds with the following guidelines:**

- 1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.
- 2) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one-policy period for both the individual and **entity policies**. If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.

FORTRESS

**Rating Parameters for Qualifying Endorsement (continued)**

**Part-Time Practice Discount**

Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part-time coverage in order to qualify for a reduced premium.

- 1) Dentists who are 55 years of age or older and can document (per the part-time application) that they practice less than 20 hours per week or 1000 hours per year;
- 2) Dentists who have a medically-certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;
- 3) Dentists who teach full-time in an ADA-approved training program and who are engaged in a private practice with appropriate patient follow-up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;
- 4) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.
- 5) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)
  - a) maintain a private practice of less than 20 hours per week or 1000 hours per year and
  - b) provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.
- 6) Dentists who are stay-at-home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part-time.

To apply for part-time coverage, the dentist must complete a supplemental application for part-time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part-time eligibility.

Premium discounted to part-time (50%) is calculated in the following manner:

$$\text{Base rate} \times .50 \text{ (50\%)}$$

**Rating Parameters for Qualifying Endorsement (continued)**

**Extended Reporting (Tail) Coverage**

~~Refer to “Loss Free Credit” for applicable discount due to favorable loss experience.~~



# FORTRESS

**Termination or Conditional Renewal**

~~Policies may be cancelled by insured at any time by submitting written notice to the Company or by surrender of the policy to the Company. Policies may be cancelled or non-renewed or conditionally renewed by or on behalf of the Company, as provided for under the Insurance Laws of the state.~~



FORTRESS

**Computation of Return Premium**

~~Whether cancellation occurs by the insured or by the Company, earned premium shall be computed pro-rata.~~



# FORTRESS



**Extended Reporting (Tail) Coverage**

Upon cancellation or non-renewal of the policy the insured will be eligible for unlimited extended reporting (tail) coverage. The premium for this coverage will be calculated as outlined below. In the event the policy cancellation is a result of an insured's death or total disability the tail will be issued at no charge. We will also provide tail at no cost to the policyholder if he/she permanently retires from the practice of dentistry, at any age, provided he/she has been continuously insured by Fortress for five consecutive years immediately preceding retirement. If the insured permanently retires, and has not been insured by Fortress for five years immediately preceding retirement, a credit of 20% for each consecutive 12 month period will be applied to the reporting endorsement premium.

**Reporting Endorsement Calculation for Individual Risks:**

Expiring Annual Premium

X 1.31

---

= *Reporting Endorsement Premium*

**Reporting Endorsement Calculation for Corporate Risks:**

Expiring Annual Premium

X 1.31

---

= *Reporting Endorsement Premium*

\* Note: Suspension of Insurance credit will not be included in the calculation.

**Suspension of Insurance**

~~In the event a dentist is removed from practice by reason of disability, sabbatical or other reason for a period of at least three (3) months but not more than two (2) years, the dentist will be issued a Suspension of Insurance Endorsement. This Endorsement will allow for the reporting of claims during the suspension period arising from acts performed by the dentist prior to the commencement of the suspension period. The Endorsement will further contain exclusion related to professional services rendered during the suspension period. The premium charged during the suspension period will be 15% of the otherwise applicable policy premium.~~



FORTRESS

**New Dentist Discount**

~~The Company will provide premium discounts for a three year period to dentists who enter either a solo or a group private practice immediately following completion of their formal training. (Such formal training shall include the time spent on active military duty.)~~

~~The premium will be calculated as follows:~~

~~First Year~~

	<del>Class I &amp; I-F</del>	<del>Class II</del>	<del>Not otherwise classified</del>
<del>Claims Made</del>	<del>\$50</del>	<del>\$175</del>	<del>\$300</del>
<del>Occurrence</del>	<del>\$100</del>	<del>\$350</del>	<del>\$600</del>

<del>Second Year</del>	<del>40% Premium Credit</del>
<del>Third Year</del>	<del>25% Premium Credit</del>

~~Policyholders who are receiving the first year New Dentist Discount will not be eligible for any additional premium credits, with the exception of Suspension of Insurance.~~

~~The rates of discount will not be increased in the event a dentist concurrently qualifies for a rate credit related to the Company's Part Time Practice Program. In such instances, the premium credit granted shall be the one contained in the program that would provide the greater rate of discount.~~

~~In the event of cancellation of a claims made policy rated with the first year New Dentist Discount, the extended reporting (tail) coverage will be calculated as follows:~~

*~~First Year Fee X Tail Factor~~*

### Part-Time Practice Discounts

~~Fortress has established a rating structure to provide coverage for a dentist that has restricted his or her practice. A dentist must meet the following guidelines for part time coverage in order to qualify for a reduced premium.~~

- ~~1) Dentists who are 55 years of age or older and can document (per the part time application) that they practice less than 20 hours per week or 1000 hours per year;~~
- ~~2)1) Dentists who have a medically certifiable disability which prohibits a full-time practice and who practice less than 20 hours per week or 1000 hours per year as a direct consequence of that disability;~~
- ~~3)1) Dentists who teach full time in an ADA approved training program and who are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year outside the training institution;~~
- ~~4)1) Dentists who are students pursuing a medical or graduate degree on a full-time basis and are engaged in a private practice with appropriate patient follow up not to exceed a total of 20 hours per week or 1000 hours per year.~~
- ~~5)1) Dentists who have not reached the age of 55 who can meet all of the following requirements shown below (subject to Underwriting approval.)~~
  - ~~a) Maintain a private practice of less than 20 hours per week or 1000 hours per year, and~~
  - ~~b)1) Provide evidence that they are employed by or provide services on a fee-for-service or independent contractor basis for at least 20 hours per week or 1000 hours per year at another facility. Furthermore, the dentist must provide evidence that this other facility is providing professional liability insurance for this activity. Note: The dentist's policy will be endorsed to exclude professional services at this other facility.~~
- ~~6) Dentists who are stay at home care givers, who practice less than 20 hours per week or 1000 hours per year in a private practice may qualify for part time.~~

~~To apply for part time coverage, the dentist must complete a supplemental application for part time coverage and provide the appropriate additional documentation. The dentist will periodically be required to submit updated documentation to verify continued part time eligibility.~~

~~Premium discounted to part time (50%) is calculated in the following manner:~~

~~Base rate X .50 (50%)~~

**Risk Management Credits**

~~A 10% Risk Management credit will be applied to the applicable rate for dentists who successfully complete a Risk Management program approved by the Company. The credit will be allowed for three (3) successive policy periods with the initial credit being applied to the first full policy period after completion of the program. However, if such completion occurs within sixty (60) days of the effective date of the current policy period, the first of the three credits will be applied to the current policy period.~~



FORTRESS

**Coverage for District Dental Societies**

~~Professional liability coverage will be available to district dental societies by endorsement. Protection will be provided for claims for injury arising out of the district dental society rendering or failing to render professional services.~~

~~The premium for this coverage will be calculated at 15% of the rate applicable to a dentist who functions as a general practitioner in the rating territory where the district society is located. In the event the district is situated in more than one territory, the higher rated territory premium will apply.~~

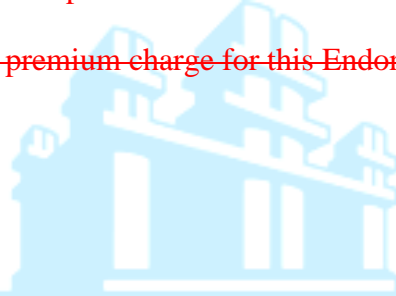


FORTRESS

**Sales of Practice Additional Insured Endorsement Coverage**

~~An Additional Insured Endorsement will be made available to policyholders to cover the former owner(s) of their dental practice. The Endorsement names the former owner(s) as an additional insured(s) and the coverage afforded by the Endorsement will be limited to the former owner's liability arising out of professional services which were provided (or should have been provided) by the insured who purchased the dental practice or by a person for whose conduct the insured is responsible.~~

~~There will be no additional premium charge for this Endorsement.~~



FORTRESS

**Coverage for Dental Candidates**

~~Professional liability coverage will be available to Dental Candidates while they are taking the State or Regional Board Examination for a license to practice dentistry in the state and only for that period of time.~~

~~All Dental Candidates will be insured by a policy providing limits of liability of \$1,000,000 per patient/\$3,000,000 total limit. The Company will charge a premium of \$25 for the policy. The policy will be issued upon payment of the policy premium.~~

~~After successfully completing the State or Regional Board Examination the \$25 premium will be applied to the applicant's first year premium in the event they secure a Fortress policy for their practice activities.~~



FORTRESS



**Locum Tenens**

~~Locum tenens is a Latin term that means one person who substitutes for another. Coverage can be afforded when an insured is temporarily away from his or her practice and another person practices in his or her place. The locum tenens dentist is only covered for specified dates. He or she is not afforded his or her own set of limits, but shares in our insured's limits of coverage.~~

~~This is available to our~~ **insured with the following guidelines:**

- ~~1) The locum tenens dentist must submit a fully completed application and be approved by the underwriter prior to the first date of coverage.~~
- ~~2)1) If approved, locum tenens coverage will be provided at no additional charge for no more than 45 days during any one policy period for both the individual and~~ **organization policies.** ~~If the number of days in a policy year exceeds this number, an additional premium will be calculated at 100% of the daily rate for each additional day.~~

FORTRESS

### Loss Free Credit

~~Dentists who can demonstrate a five year loss free profile as of the original effective date of coverage, and/or at the time of renewal review (evaluation period), will be eligible for a 10% discount.~~

~~For purposes of this program "loss" has been defined as any of the following occurring during the evaluation period:~~

- ~~• Any claim with an indemnity payment, regardless of amount;~~
- ~~• Frequency of two or more claims reported during a five year period, regardless of expense or indemnity payment.~~

~~If either of the above is met the loss free status reverts to 0 years as of policy issuance or the time of renewal.~~

~~The loss free credit will be extended over loss free years based on the following guidelines:~~

- ~~• The applicant/insured must be able to demonstrate continuous professional liability coverage during the evaluation period via: Declaration Pages, Extended Reporting Endorsements and/or Certificates of Insurance.~~
- ~~• The applicant/insured must be able to demonstrate five years of eligible loss free experience. Claims histories from all carriers within the last five year period must be submitted for review at the time of application. Periods of training and/or periods of alternative coverage may not be eligible for the application of the credit. Examples of alternate coverage include, but are not limited to, risk retention groups, captives, trusts, and risk purchasing groups~~